DOCUMENT RESUME

ED 089 481 EC 061 394

AUTHOR	Fishman, Sheila
TITLE	Development of a Program to Meet the Needs of Young Children with Potential Learning Disabilities.
PUB DATE	Jun 73
NOTE	161p.; Ed.D. practicum; Nova Univ., Natl. Ed.D. Program for Educational Leaders, Ft. Lauderdale, Fl.; The Diagnostic Team of No. 4 School, Lawrence Public Schools, Cedarhurst, N.Y., Participated in the investigation
EDRS PRICE	MF-$0.75 HC-$7.80 PLUS POSTAGE
DESCRIPTORS	Consultants; Early Childhood; *Exceptional Child Education; *Identification; Inservice Teacher Education; *Intervention; *Learning Disabilities; Parent Role; Prevention; *Program Development; Summer Programs

ABSTRACT

A program was proposed and initiated involving identification of potential learning disabilities (LD) in a school population of 600 4-, 5-, and 6-year-old children; and application of intervention measures for children identified. The school's diagnostic team reviewed research on existing practices, explored programs in operation throughout the country, and consulted with specialists such as a team from the Nassau County Board of Cooperative Educational Services. Program development included revising kindergarten registration procedures (such as preparing a questionnaire for parents to complete prior to registration), initiating staff inservice training, initiating a volunteer parent training program, taking inventory of materials for a resource center, and preparing a proposal for a 6-week summer pilot program to identify and remediate learning disabilities of 140 prekindergarten, kindergarten, and grade 1 children. Pilot-program plans included evaluation of gross motor, fine motor, and language/communication skills; administration of tests for constructing developmental profiles and evaluating self concept; and preparation of curriculum guidelines. Some of the proposals requested and granted for the 1973-1974 year were for replacement of the guidance counselor with a LD resource consultant (3 days per week), and establishment of a small-contained class of 4- and 5-year-old children exhibiting potential learning disabilities. (Included in appendixes are items such as screening procedures in another school district, kindergarten registration procedures, a staff training session agenda, and lists of resource materials on LD.) (MC)

ED 089481

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

BEST COPY AVAILABLE

LEARNING DISABILITIES PROGRAM

NUMBER FOUR SCHOOL

SHEILA FISHMAN

NOVA UNIVERSITY COLLEGE AVENUE, FORT LAUDERDALE, FLORIDA 33314 • 305/587-6660

NATIONAL ED.D. PROGRAM FOR EDUCATIONAL LEADERS

DEVELOPMENT OF A PROGRAM TO MEET THE NEEDS OF YOUNG CHILDREN WITH POTENTIAL LEARNING DISABILITIES

by

Sheila Fishman
Elementary Principal, Lawrence Public Schools
Cedarhurst, New York

Practicum report, submitted in partial fulfillemnt of the requirements for the degree of Doctor of Education, Nova University

June 1973

TABLE OF CONTENTS

PAGE

ABSTRACT.. (i)

INTRODUCTION...................................... (ii)

STATEMENT OF THE PROBLEM.......................... 1

PURPOSE OF THE STUDY.............................. 6

SURVEY OF SELECTED PROGRAMS IN ACTION............. 7

REVIEW OF SELECTED L.D. CURRICULUM MATERIALS...... 21

CONTROVERSIES REGARDING LEARNING DISABILITIES..... 28

DEVELOPING THE PROGRAM FOR THE NUMBER FOUR SCHOOL. 30

- Consultation with BOCES Specialists in Learning Disabilities........................ 30
- Consultation with District Pupil Personnel Director.................................. 35
- Revision of Kindergarten Registration Procedures.............................. 36
- Staff Development............................ 37
- Inservice Program for Parent Volunteers...... 40
- Initiating a School Volunteer Program........ 49
- Inventory of Learning Disabilities Resource Center....................................... 54
- Conferences and Visits to Other Schools...... 58
- Summer Early Childhood Identification and Intervention Program......................... 59

PAGE

PRELIMINARY EVALUATION............................ 82

Evaluation of Consultations with BOCES Specialists.................................. 82

Evaluation of the Kindergarten Registration Revision.................................... 85

Evaluation of Staff Development............. 86

Movement Education.......................... 87

Physical Education Objectives & Projections. 91

Recommendations for Training Parent Volunteers.................................. 94

Budget Proposals for 1973-74................101

CONCLUSIONS......................................105

MOVEMENT EDUCATION IN ACTION: Figure 1...........106

IMPLICATIONS OF THE STUDY........................ 108

APPENDIX A: Early Identification Program: Number Four School........................... 110

APPENDIX B: Preschool Screening: Lakeview Public Schools................................ 115

APPENDIX C: Kindergarten Registration Procedures-1973............................... 128

APPENDIX D: Kindergarten Registration Procedures-1974............................... 134

APPENDIX E: Staff Development Training Sessions. 138

APPENDIX F: Resource Materials for Learning Disabilities................................ 148

BIBLIOGRAPHY..................................... 151

ABSTRACT

The purpose of this practicum was to develop a program to identify and meet the needs of young children with potential learning disabilities. The Diagnostic Team of the Number Four School in the Lawrence Public Schools reviewed existing practices, explored programs in operation throughout the country, consulted with specialists, began a program of staff development, initiated a training program for parent volunteers, and developed a proposal for a summer pilot program for early identification and intervention in the area of learning disabilities. Projections were made for programs for the 1973-74 school year to meet the needs of the 600 four, five and six year old children who make up the population of the Number Four School. It is felt that the beginning steps have been taken toward the ultimate goal of the development of a refined and sophisticated program to meet the needs of all children at this Early Childhood Center.

INTRODUCTION

Early identification and programs to meet the needs of young children with potential learning disabilities are a vital concern to the professional staff of the Number Four School in the Lawrence Public Schools. This report deals with the planning and program development that has been projected to date to meet this need.

The introductory sections present a definition and description of learning disabilities, a review of some of the literature including programs and curriculum materials, and the controversial theories held at the present time in our country.

The succeeding section describes how the program is being developed at the Early Childhood Center. There is a description of the planning with consultants from the Board of Cooperative Educational Services (BOCES), as well as with the personnel in the Lawrence Public Schools, the initial revision of the Kindergarten registration procedures, the beginnings of staff development and inservice programs, the training of parent volunteers through a series of workshops, the development of guidelines to use in a school volunteer program, and a listing of conferences attended and visits made to learning disabilities programs.

This section also contains a complete presentation of the planning of the summer program for early identification and intervention in the area of potential learning disabilities. The proposal, rationale, curriculum guidelines, needs assessment and evaluation, as well as job descriptions are included. The proposal was approved and funded by the New York State Department of Education and the program will be implemented in July and August, 1973.

Preliminary evaluations are made in the next section of the report in terms of the consultants used, the success of the registration revision, reactions to initial staff development, and the training of the parent volunteers. Suggestions are made for implementation during the 1973-74 school year.

The concluding sections discuss the indications thus far of success including staff receptivity, acceptance of some budget proposals, assignment of ancillary personnel, development of the summer pilot program, and support of the Central Administration and Board of Education. Implications are discussed in terms of the need for exploration and flexibility of approaches.

Appendix A is the description of the early identification program in operation at the Number Four School up to the present year.

Appendix B is a description of the preschool screening carried out by the Lakeview Public Schools in Michigan, an outstanding program in the country.

Appendix C contains the revised Kindergarten registration procedures for the 1973 school year and Appendix D contains the further projected revisions for the 1974 school year at the Number Four School.

Appendix E contains the minutes of the staff development sessions directed by the Learning Disabilities BOCES consultant for all PreKindergarten, Kindergarten, and First Grade teachers.

Lastly, Appendix F contains a list of resource materials related to Learning Disabilities available in the District.

DEVELOPMENT OF A PROGRAM TO MEET THE NEEDS OF YOUNG CHILDREN WITH POTENTIAL LEARNING DISABILITIES

by Sheila Fishman[1]

STATEMENT OF THE PROBLEM

The Number Four School in the Lawrence Public Schools in New York is an Early Childhood Center housing 600 children who are four, five and six years old. Each year in December the Kindergarten teachers administer a gross screening test of their children. This test consists of a problem checklist, a figure copying test, and a human figure drawing. The results are analyzed and interpreted by the school psychologist, followed up by conferences with each Kindergarten teacher, and as many as possible of the high-risk children are seen for individual psychological testing.[2] The results show that approximately fifteen percent of the children tested have problems in some area or areas that require more intensive follow-ups for special help or programming. It could be predicted that these children would have trouble adjusting in the regular first grade classrooms. Because of the large numbers of children involved (approximately 400 Kindergarten children) and limited psychological services, most of the high-risk children do not receive the individual psychodiagnostic follow-ups needed.

---

[1] The author and practitioner is the Principal of the Number Four School, The Lawrence Public Schools, Lawrence, L.I., New York. This school is an Early Childhood Center housing 600 children in PreKindergarten, Kindergarten and First Grade.

There is concern on the part of the community that many children with learning disabilities are overlooked, not treated early enough in school, that it gets progressively more difficult to remediate as the children get older and that, as a result, many fall by the wayside.

---

[2] APPENDIX A contains a complete explanation of the Early Identification Program in operation at The Number Four School since 1967.

The Superintendent and Board of Education of the Lawrence Public Schools have responded to the concern and readiness of the community and have focused district personnel on expanding the present learning disabilities program beginning at the Kindergarten level.

As the Principal of the Early Childhood Center, this Practitioner is very involved in planning and developing a program to identify and meet the needs of young children in the district who have potential learning disabilities.

A definition of learning disabilities is apropos at this time. The most recent definition of the United States Office of Education states:

> Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage.

Perhaps one more definition, that of the National Council on Exceptional Children, is worthwhile stating:

> A child with learning disabilities is one with adequate mental abilities, sensory processes and emotional stability who has a limited number of specific deficits in perceptive, integrative or expressive processes which severely impair learning efficiency. This includes children who have nervous system dysfunction which is expressed primarily in impaired learning efficiency.

The learning disabled child may be hyperactive, poorly coordinated, impulsive, distractible, withdrawn, immature or uncooperative. It is believed that these children have the potential for success when given appropriate and timely help because they are of normal, potentially normal or above normal intelligence. It is believed that these children can be helped to achieve their potential with innovative, specifically directed educational methods within the regular classroom, or in a special classroom. An interdisciplinary approach seems to be indicated and there must be coordinated efforts between parents, educators and psychologists. Learning disabled children need early evaluation, correct diagnosis and specific help to remediate their specific problems. Furthermore, this Practitioner believes that innovative programs in early childhood education may well be directed towards a most productive end; that of the prevention of learning disabilities.

PURPOSE OF THE STUDY

The President of the United States has proclaimed that "basic ability to read is a right that should be denied no one...." If children with learning disabilities are to develop the basic knowledge and skills essential to productive living, educational programs must be modified.

It is the commitment of this Practitioner to develop the best early childhood program possible to meet the needs of all children at the Number Four School. This study will address itself, therefore, to the development of a program of early identification and intervention to provide the necessary strategies and resources for children with potential learning disabilities.

The author feels that this study and planning is just the beginning of the refinement of techniques, sophisticated programming and implementation necessary to reach the ultimate goal of prevention of learning disabilities in young children.

SURVEY OF SELECTED PROGRAMS IN ACTION IN THE UNITED STATES

Dr. Jeanne McRae McCarthy describes how learning-disabled children were identified in Kindergarten and helped in the Schaumburg School District No. 54 in Roselle, Illinois.[3] The screening of the Kindergarten children included four steps in April:

Teacher Estimate of Kindergarten Pupils' Abilities (Kirk Check List, 1966)

Behavior and Development Screening Scale (Haring and Ridgeway, 1967)

Metropolitan Readiness Test (Below 40 score)

Staff Conference

The lowest five percent of the incoming first graders were selected for placement in September into transition classes which would have reduced class size, careful teacher selection, and a modified curriculum. This resulted in 60 children out of 1200 selected for four transition classes.

---

[3] Jeanne McRae McCarthy, Sonya Petersen, Barbara H. Sommer and Joan E. Johnston, "Identifying and Helping Learning-Disabled Children in Kindergarten," Programming for Young Children.

Speech correctionists were then used in September to evaluate these children's speech and language functioning (they used the Henja Developmental Articulation Test and informal language tasks), to administer speech therapy to those with speech difficulties not of a maturational nature, and to work directly with all the developmental-first-grade children in the classroom setting.

The psychoeducational diagnosticians administered a test battery in September to each of the 60 youngsters. This battery included:

The Wepman Auditory Discrimination Test

The Beery-Buktenica Developmental Form Sequence

The Frostig Tests of Visual Perception

The Illinois Test of Psycholinguistic Abilities

A staff meeting was held to interpret the scores, suggest materials to help in specific areas of disability, and to formulate plans for the year. A profile which included the whole test battery was plotted for each child to help the teachers plan for individual instruction. Five years, six months was used as a cut-off point for successful functioning in a regular first grade.

The diagnosticians work with the children in the transition classes in small groups and on an individual basis in diagnostic teaching sessions, constantly evaluating and reevaluating each child. Their main areas of concentration are auditory and language stimulation, motor training and visual perception. The role of the diagnostician is threefold:

1. educational testing
2. diagnostic teaching
3. teacher consultation

Another component of the Schaumburg program is the role of the social workers. They help determine which children need the programs by communicating with the Kindergarten teachers and they work with the children selected, their families, and the other team members while the program goes on. The school nurse is also a member of the transitional class staff and works as a member of the team.

Lastly, parents of the learning-disabled children are involved in a June meeting for clarification purposes, in the fall for visits, and in November for conferences.

Beverly W. Karrenbauer describes a program focusing on perceptual development to promote early diagnosis and prevention of children with learning disabilities at the Kindergarten level.[4] The viewpoint for program development that is held here is that perceptual development must be an integrated part of the total Kindergarten curriculum. This program, in turn, acts as a prevention and early diagnostic program for transitional classes at the first level. The screening device is the Kindergarten testing program. This includes:

The Purdue Perceptual-Motor Rating Survey
The Rutgers Drawing Test A

Language development is measured through teacher observation and special referrals for the Illinois Test of Psycholinguistic Abilities. The Wepman Test of Auditory Discrimination is given when an auditory deficit is suspected. In late Spring, all children are given the Marianne Frostig Developmental Test of Visual Perception. The cumulative records are evaluated and those children needing specific areas of instruction or training are placed in transitional grouping. The factors influencing such placement are:

---

[4] Beverly W. Karrenbauer, Perceptual Development: A Functional Program for Early Diagnosis and Prevention of Children with Learning Disabilities at the Kindergarten Level, Keystone Oaks School District, 1968.

Inadequate motor performance (not maturational)

Inadequate perceptual skills

An undeveloped style of learning

A teacher Observation Checklist includes gross motor and fine motor difficulties, auditory, visual performance and language development deficits.

There are two types of transitional groups, those operating within the regular classroom environment and those who would constitute a resource room. Karrenbauer favors the integrated grouping approach because it permits a smoother transition period and more continuity with the remainder of the curriculum.

Project First Step is a multiphase program aimed at the early identification and educational management of Kindergarten and first year children with learning inefficiencies in the Warwick School System in Rhode Island.[5] The objectives of the program are to train regular classroom teachers, parents and support personnel (aides, counselors, volunteers, etc.) to observe, analyze and plan a teaching environment for "inefficient", "at risk" Kindergarten and first year youngsters (approximately 10 - 25%) so that these children may meet with academic and social success within the framework of a regular classroom.

The theoretical underpinnings of the program incorporate information processing theory and the theory of behaviorism. Thus, the child is viewed in terms of the efficiency of his information processing skills; how he uses his eyes, ears and body to attend to and gather information from the world around him, how he uses this information, relates it to past experiences, and how he expresses his knowledge and ideas through his hands, speech and body movements. From this analysis of human behavior, environmental conditions are analyzed and modified to create a teaching environment that matches each child's learning needs. The program consists of:

---

[5] Marian L. Hainsworth, Peter K. Hainsworth and Judith S. Siegel, Project First Step: An Early Identification and Educational Intervention Program for the Young Learning Disabled Child, Rhode Island, Warwick Public School System, 1971.

1. PreKindergarten screening (entering Kindergarten youngsters).
    a. Round-up: large group meeting; child is registered, brief vision test, visit to Kindergarten classroom, parent received Developmental Questionnaire and an appointment for child to receive a 15 minute screening test administered by a trained volunteer.
    b. The screening battery assesses the child's information processing skills, behavioral skills and reasoning ability.
2. Summer diagnostic review of 30 - 40% of the screened children is part of a before-school, in-service workshop for receiving teachers.
    a. Youngsters spend one hour in a simulated classroom experience. They are observed by their teachers in large and small group independent and planned activities, and transitions between activities.
    b. Parents meet with the guidance counselor and principal for orientation and to establish a good home-school relationship.

3. A year long, three-phase Kindergarten program with each phase separated by a two-day workshop for Kindergarten and support personnel.
    a. Six-week diagnostic-teaching phase.
    b. Developmental Learning Profile and a flexible teaching program are constructed for all inefficient children.
4. Progress is reviewed three times a year and is summarized in June with specific recommendations for each of the inefficient children. These are reviewed and discussed by Kindergarten and first year teachers in June and during the two-day summer review workshop.
5. First year program for inefficient children aims to keep the child in a regular first year classroom and provide support and training for the classroom teacher.
6. Second year follow-up for children needing continuous supportive help. In-service teacher training and volunteer tutoring programs are used as a supplement to the regular classroom programs.
7. Parent Involvement - there is a 15 session evening workshop for parents, teachers, counselors, principals, etc., to work together identifying and planning programs to create behavior modification at home and school.

8. In-service Training consists of formal workshop teaching, consultation, educational planning, review sessions and demonstration lessons.

The Niagara Falls Board of Education inaugurated a Spring screening program to evaluate children entering Kindergarten in the fall.[6] The purpose of this program was to identify areas of strengths and weaknesses in motor and speech development, vision and hearing, and emotional development, and to remediate areas of weaknesses.

The specific tests were given by a team of psychologists, a social worker and a nurse, and included:

1. Peabody Picture Vocabulary Test.
2. Wechsler Preschool and Primary Scale of Intelligence: Vocabulary Subtest.
3. Rutgers Drawing Test.
4. Draw-A-Person Test.

Results of the tests are analyzed and the information is given to Kindergarten teachers as well as parents who are informed of any problems with their child's development through visits from the school social workers. Teachers are expected to be able to work more individually with the children since they have more knowledge of particular youngster's growth or deficiencies. In a questionnaire, the Kindergarten teachers said they did gain more knowledge about the children through the screening program.

---

[6] Kindergarten Screening Program Evaluation, Niagara Falls, New York: Board of Education, 1971-72.

The nature and treatment of language disability is the focus of research being conducted through Project Child, a state funded program in Texas.[7] The major objectives of the program are to discover efficient methods of early identification of language handicapped children, to develop intervention techniques, to remediate the problem, and provide for staff development in this field of disability.

Di[illegible]is includes an achievement formula, a behavior rating scale and group tests of coding, syllabication, and perceptual functioning.

---

[7] Project Child: Children Having Individual Language Disabilities, Richardson, Texas.

The instructional component includes the Alphabetic Phonetic Structural Linguistic Approach to Literacy Model, the Programmed Instruction Model, and the Individually Prescribed Program Model.

In-service training includes seminars, demonstrations, and lectures, and on-site instruction and consultation to individual teachers by language disability specialists.

A most sophisticated early identification and remediation program has been developed by the Lakeview School District in St. Clair Shores, Michigan.[8] This Practitioner visited the program during the Tenth Annual Conference of the Association for Children With Learning Disabilities in Detroit in March, 1973.

All children are screened before they enter Kindergarten to identify areas of need so that they may be programmed for help during the summer before their entrance to school. The areas covered are motor, visual, hearing, speech and language, and developmental skills.

---

[8] Preschool Screening, St. Clair Shores, Michigan: Lakeview Public Schools, 1973.

An interdisciplinary team consisting of nurses, speech consultants, guidance counselors, psychologists, physical education specialists, the Primary Specialist, reading consultants, and County health technicians are involved in the screening process.

A pre-school program involving incoming Kindergarten children and their parents is conducted in seven sessions for groups of ten to twelve children and their parents. This program provides an orientation for families new to the school district, helps parents gain insights into child growth and development and provides the child with a positive initial introduction to the school and its personnel.

A profile is developed for each child to alert personnel to specific areas of deficit for which the child will be programmed during the summer, if necessary, or in September if the deficit still exists.

A full description of the Lakeview program is presented in Appendix B because of its depth, quality, and length of progress.

Some programs focus on special classes for children with Learning Disabilities, some focus on integration of these children into regular classrooms with the use of special techniques, and some present a combination of these two basic approaches. The important factor would seem to be the identification of these children and the development of some type of program for them taking into consideration the practicalities of money, resources, trained personnel, etc.

The staff of the Meeting Street School in Providence, Rhode Island, developed a screening device to detect potential learning disability in young children and to help in understanding their visual-perceptual-motor, body awareness and control, and language difficulties.[9] The Meeting Street School Screening Test (MSSST) has the advantage of having been developed by an interdisciplinary team of doctors, therapists (physical, occupational, speech and language), educators, psychologists and social workers. Furthermore, the test is an individually administered, 15 to 20 minute screening. This is a possible and practical approach to testing large numbers of Kindergarten youngsters where indicated after an initial gross screening of teacher observations and group tests of readiness. The MSSST could be a second step in a progressive screening process at the Number Four School in Lawrence. This Practitioner believes early identification can be a process that is built upon year by year, accumulating and capitalizing on the experience and knowledge of techniques gained by all personnel involved.

---

[9] Peter K. Hainsworth and Marian L. Siqueland, Early Identification of Children With Learning Disabilities: The Meeting Street School Screening Test, Providence, Rhode Island: Crippled Children and Adults of Rhode Island, Inc., 1969.

REVIEW OF SELECTED LEARNING DISABILITIES' CURRICULUM MATERIALS AVAILABLE FOR EARLY CHILDHOOD PROGRAMS

The Recognition of Readiness: Some Landmarks for Teachers[10] is a package that contains an outline of skills which teachers look for in determining a child's readiness to listen, to read, and to write. Suggestions are given for certain tasks which may help to diagnose the child's points of readiness. Informality is recommended for presentation of these tasks. The suggested activities and similar ones may also be used to teach the nature of the task to those children who do not appear ready. Thus, the curriculum presented may be used to both diagnose needs and to prescribe instruction. It is suggested that a continuing checklist be prepared for each child as well as a class profile.

The curriculum presented includes mastery skills for learning to read (self-control skills, physical skills, auditory processing skills, visual processing skills and language skills); major insights needed by the child that are basic to the process of reading

---

[10] Phoebe W. Lazarus, Ed. D., The Recognition of Readiness: Some Landmarks for Teachers, New York State Dept. of Education.

(insights related to words and letters); basic language and mechanical skills related to the anatomy of books; and behaviors related to caring to read (participation and self-directive behaviors).

Teachers are cautioned to exercise judgment and thoughtfulness in making decisions about when to try the various tasks, how many and how often to try them, so that children can experience success and preserve and/or develop a good self-image.

Step by Step[11] is a book designed to help adults to understand and train those children who have normal or superior intelligence but cannot learn in the classroom. The processes of the training methods proposed are broken down into eight steps to teach reading. It is suggested that the steps should be completed in sequence in the majority of cases, but for some children who are not as severely handicapped as others, several steps can be combined in the training. It is also suggested that some children have a readiness training program prior to Step I which would be similar to a first grade reading readiness program. The eight steps are a presentation of phonetic information to the child as a tool in the development of visual and auditory perception, visual and auditory memory, and concept formation. It is further recommended that throughout the steps, the child's individual needs in all areas diagnosed must be a guide to the training the therapist gives.

---

[11] Angie Martha Nall, Step by Step, Beaumont, Texas: Angie Nall School for Educational Retraining.

Information Processing Curriculum[12] is a book that presents early childhood teachers with a conceptual model within which they can view the developmental learning process and the teaching conditions which affect it. Its purpose is to enable teachers to construct goals and plan teaching situations and activities to match each child's unique learning pattern. The underlying theoretical concepts are based upon a theory of behaviorism and a theory of information processing which is translated into developmentally sequenced learning skills. The authors propose that information flows through five stages, (orientation, intake, integration, output; and feedback), and within three basic modalities, (visual-perceptual-motor, language, and body awareness and control). Developmental levels are presented for the teacher along with suggested activities to help children progress from one level to the next.

---

[12] Marian L. Hainsworth, Peter K. Hainsworth, Judith S. Siegel, Information Processing Curriculum Support Materials, Rhode Island: Warwick Public School System, 1971.

New Discoveries in Early Education[13] presents a series of behavioral objectives, activities designed to develop these objectives and terminal behaviors in each of the following areas: motor development, communication skills, mathematics, art, and music. Suggestions are also given for scheduling a Kindergarten program, for organizing interest centers, and for developing sensory activities as vehicles for developing the behavioral objectives. In addition, the hierarchal stages of learning are presented for teachers so as to enable them to understand the specific sequence of a child's development rather than an expected age level achievement. The underlying premise presented is that during the Kindergarten year, learning disabled "high risk" children may be identified and more intensive effort directed toward reducing their developmental imbalances.

---

[13] Nelda Ferguson, Ruth Taylor and Mari Scott, New Discoveries in Early Education, Piedmont, Oklahoma: Piedmont Public Schools.

Perceptual Motor Activities and Games for Children With Learning Disabilities[14] attempts to provide an understanding of the physiological and psychological basis of perceptual motor training and activities for carrying out this training. These activities include basic exercises, fitness activities, finger exercises, perceptual motor games, physical tests, record keeping, and many others to help children develop fundamental coordinative skills. This Practitioner observed the author, James Glasgow, working with a group of learning disabled children at the ACLD International Conference in Detroit. The children ranged in age from four years to fourteen years and performed sample exercises described in the book. The demonstration was most impressive and well-received by those in the audience.

---

[14] James Glasgow, Perceptual Motor Activities and Games for Children With Learning Disabilities, Windsor, Ontario: Glengarda School, 1972.

Improving Motor-Perceptual Skills[15] is a guide to activities for use with Kindergarten children. The activities are designed to improve performance on motor-perceptual tasks which could affect reading ability. The guide stresses the involvement of the senses in the various activities. The areas of general coordination, balance, body image, and eye-hand coordination are stressed. The guide cautions teachers that they must function as educationists rather than as doctors of psychologists.

---

[15] Improving Motor-Perceptual Skills, Portland, Oregon: Northwest Regional Educational Laboratory, 1971.

Daily Sensorimotor Training Activities[16] is a handbook of sensorimotor activities designed to be integrated with the curriculum and equipment used in pre-school centers. The activities are geared to develop sensory acuity and motor skills in young children. The aim of the book is to focus teachers on the need to "educate the body" before attempting to ask the child to achieve in academic work.

The Diagnostic Team at the Number Four School reviewed these various curriculum materials in addition to many others listed in the bibliography. They did provide a take-off point for thinking and planning, but it was decided to try to develop a curriculum guide to suit the needs of the children in the Lawrence Public Schools and in consonance with the expertise and skills of its professional staff.

---

[16] William J. Braley, Geraldine Konicki and Catherine Leedy, Daily Sensorimotor Training Activities, Freeport, New York: Educational Activities, Inc., 1968.

CONTROVERSIES REGARDING LEARNING DISABILITIES

The field of learning disabilities is relatively young and concern has really been manifested during the last ten years. There has been much confusion resulting from controversial and often conflicting terminologies, assumptions of etiology, and suggestions for intervention.

This Practitioner heard many of these theories presented at the recent International Conference of the Association for Children with Learning Disabilities (ACLD) held in Detroit. These have had a significant influence on the approach being undertaken and the thinking being generated by the Diagnostic Team at the Number Four School.

Some of the controversy revolves about the major area of the child's disability: whether it is visual-perceptual, perceptual-motor, specific language disability, hyperactivity, orthomolecular, etc. Much of the controversy revolves about how to intervene: do these children need training in visual-perceptual-motor skills, optometric training, auditory discrimination and language usage, movement education, chemotherapy, behavior modification, alpha training, yoga exercises, cognitive style mapping, etc.

Lastly, there are a variety of approaches with regard to educational programming for children with learning disabilities: special classes, resource rooms, itinerant teachers, non-graded classrooms, volunteer tutors, etc.

The Diagnostic Team at the Number Four School in Lawrence is committed to the concept that it is the school's responsibility to devise the best approach and educational placement to meet each child's unique needs. With this goal in mind, a program for early identification and intervention is being developed for the 1973-74 school year.

DEVELOPING THE PROGRAM FOR THE NUMBER FOUR SCHOOL

With this background and knowledge of the research in the field of learning disabilities, programs in action, curriculum materials available and controversies raging, this Practitioner and her Diagnostic Team used available resources and consultants to begin to develop a program for young children in the Lawrence Public Schools.

Consultation with BOCES Specialists in Learning Disabilities

A meeting was held at the Number Four School with a team from the Nassau County Board of Cooperative Educational Services (BOCES). The minutes of the meeting follow:

Present: Dr. Phoebe Lazarus, Mrs. M. Holder, Miss M. Hertzen from BOCES, Mrs. Sheila Fishman, Principal, Mrs. Jacqueline Allen, Psychologist from Number Four School, Lawrence.

Purpose: Exploration of ways in which BOCES expertise and services can be used to broaden and intensify both the Early Identification Program and the Educational Follow-Through with children so identified.

Discussion: Early Identification: Present Number Four School Program and experiences over the past six years were discussed in some detail. It was pointed out that the Gross Screening Procedure used on a group basis at the beginning of December evaluates two major areas through teacher observation and reportage. These areas are those of language skills and of gross motor coordination. Some discussion followed regarding the use of the Gross Motor Skills Scale developed by Dr. Lazarus. Norms are those developed by Gesell. Application of this on a trial basis to be discussed. This technique may be useful on sample Kindergarten groups where activities are broken down into stations manned by trained observers. Further exploration deferred to another time.

Validity of Spring registration and testing were discussed. General opinion was that some districts have not found this to be a good focus for professional time, effort and funds. The remainder of the session was spent in discussing present Kindergarten registration process and exploring ways of improving same. There was general agreement that better developmental and health information should be secured at the time of registration and that if the parents were required to bring children for registration, there could be some cursory observation of the children while parents completed the forms and interview. Much discussion followed regarding specific behavioral observations.

Many ideas were explored and all needed to be tied in with the realities of the number of children to be registered, the number of professionals available, the need for training volunteers and selection of the best timing and matching of time, effort and money to reap the most productive outcome.

Summary: Mrs. Fishman, Miss Hertzen and Mrs. Allen to meet the following week to explore these general directions further.

Follow-Up Consultation with BOCES Learning Disabilities Specialist

Minutes of the Meeting:

Present: M. Hertzen, S. Fishman, M.L. Haggerty, C. Fern and J. Allen.

Michelle Hertzen came to meeting with related printed materials from BOCES. The following discussion encompassed two general topics: 1 - Spring Registration and 2 - Use of Learning Disability Specialist in some workshop possibilities.

I. L.D. Workshops - Two types.

1. Workshop for Volunteers -- to follow through on Volunteer training started by M.L. Haggerty.
    - a. Miss Hertzen to visit next meeting of Volunteers to introduce self, work, availability, and to function as consultant to Mrs. Haggerty for this group -- indirect training at present; visual-motor (V-M) level.
        - (1) Mrs. Haggerty and Mrs. Allen to review list of children requiring extra help with some rotations as to whether V-M emphasis, gross motor coordination help, work on body image or language stimulation need special emphasis.
2. Workshop for Professional Staff -- Since every class consists of children who are learning disabled to some extent, it is considered important that the classroom teacher become familiarized with L.D. rationale, materials and techniques and become so aware in her diagnostic teaching

skills as to separate out what she can tackle on a group basis and what she might like to direct a volunteer to do with a child under her supervision. It was felt that preference should be given to teachers having most of the children already identified as having special needs. Special services personnel were also suggested for the workshop - e.g., Miss Toglia, Mrs. Maisel, Mrs. Haggerty, Mrs. Clark and Mrs. Allen, etc.

Several formats for such a workshop were discussed:

a. Restricted in size -- invitational by Principal with released time from classroom.

b. Larger in size -- voluntary participation and scheduled during lunch hour or after school.

The main constructive extra feature to Miss Hertzen's work would be her availability at other times (sometime during the periods of Wednesday or Thursday AM or Monday PM) to go into the classroom and advise re: specific children with review times possible.

II. Spring Registration.

1. Emphasis to be placed on more complete health and developmental data combined with cursory behavioral observations of child for the Spring 1973 registration.

2. Timing - if 400 registrations projected, it was felt that registration could take place over two-week period with parents urged to come on dates set by alphabetization (e.g., A-B on Monday, C, D, E, on Tuesday, etc.).

III. For Spring 1974, volunteers could be trained to assist in behavioral observations during registration.

1. Possible steps in Registration Process for Spring 1974.

   a. On entering room, child given name tag and taken by volunteer to one of tables containing:

      stacking toy
      paper and pencil, crayons, and scissors available
      Volunteer to check Behavior Checklist, get sample of drawing, if possible, while parent is filling out forms.

2. Parent leaves child at table. He is given a history form and directed to one of several partitioned booths.

   a. As he completes this form, nurse looks it over and asks pertinent questions with follow-up suggestions from raw data (forms to be developed).

   b. Individual appointment could be set up if situation is complicated.

3. Purpose of Foregoing Procedures.

   a. To provide more complete base of information about each child: physical, emotional, educational and familial.

   b. To sort out for intensive study and programming gross difficulties.

   c. To sift out a beginning group for learning disabilities volunteers starting with teachers in early Fall.

IV. Forms to be developed.

1. Health and Developmental History Form - Diagnostic Team.
2. Behavioral observation checklist.
    a. Cross motor coordination
    b. Muscle tone - stamina, energy, etc., mood
    c. Fine motor coordination.
    d. Language - amount, complexity, use of, etc.
    e. Social awareness - relatedness.

Consultations with District Pupil Personnel Director

This Practitioner met with the Director of Pupil Personnel Services, Dr. Emily Hathaway, several times during the Spring term to discuss possibilities for the 1973-74 school year. It was suggested by this Practitioner to replace the three day guidance position at the Number Four School with a Learning Disabilities specialist for the 1973-74 school year. Dr. Hathaway supported this proposal and recommended teachers to be observed and interviewed for the position.

Dr. Hathaway further proposed budgeting for a self-contained small class of four and five year old children who have potential learning disabilities to be taught by a specialist teacher at the Number Four School.

This Practitioner also recommended a redesign of the speech teacher's time at the Number Four School so as to provide for the latter's participation in the Diagnostic Team's meetings at least once a month. Furthermore, the need for speech and language development rather than just speech therapy was suggested to Dr. Hathaway for the speech teacher's focus next year.

Revision of Kindergarten Registration Procedures

The Diagnostic Team decided to revise the Kindergarten registration procedures for the 1973-74 year. The revision included a questionnaire for parents or guardians to answer in advance of the registration, and an in-depth interview at the time of registration. In addition, parents were requested to bring the child with them at the time of registration with the exception of PreKindergarten youngsters already enrolled at the Number Four School. A team of interviewers were scheduled for the two week registration period. A set of guidelines and suggested interview questions and focus were developed by the Diagnostic Team. Also available at registration time was a tour of the Kindergarten building for parents and children in small groups, accompanied by a teacher aide or representative of PTA.

It was hoped that these additions to the Kindergarten registration procedures would provide an orientation for new families, acquaint them with professional and paraprofessional personnel, and enable the interviewing team to obtain and record pertinent information and observations regarding special needs of incoming Kindergarten children.

Appendix C contains the revised registration questionnaire sent to parents, and the procedures and guidelines for the interviewing team for the 1973 Kindergarten registration. Appendix D contains additional revisions for the 1974 Kindergarten registration.

Staff Development

The Number Four School had the services of a BOCES consultant, Miss Michelle Hertzen, one day a week for the Spring term. This Practitioner organized the teachers into small groups on the same level; Pre-Kindergarten, Kindergarten, and first grade. The physical education and Learning Center teachers were also scheduled. Teacher aides and student teachers were used to free teachers during the school day for one hour each week on a rotating basis. Miss Hertzen led orientation sessions on learning disabilities with each group of teachers, included a definition of terms, behavioral manifestations, task analyses, and suggested procedures and techniques for classroom use.[17] Teachers were then encouraged to discuss specific problems within their own classrooms.

These sessions were followed up by teachers being given the opportunity to invite Miss Hertzen to their rooms to observe particular youngsters, demonstrate techniques, discuss materials and procedures, and/or to work with individual children.

Miss Hertzen was also invited to some Diagnostic Team meetings for her input regarding the development of the 1973-74 Learning Disabilities program and diagnosis of children's needs.

In addition, Miss Hertzen met with five teachers for a three session workshop to do a task analysis of language disabilities and to develop a series of techniques, activities, and materials to help young children who have needs in this area.

---

[17] APPENDIX E contains the minutes of the Learning Disabilities training sessions.

A nine session course entitled Movement Education was given by Mr. Jeffrey Berke, a physical education specialist. Twelve teachers and three parent volunteers from the Number Four School participated.

Movement Education is conceptualized as a program which leads the child toward effectiveness, efficiency, and expression in movement through problem solving situations directed by a teacher.[18]

Kindergarten and first grade teachers often notice that a child whose general body movement patterns are poorly coordinated may suffer subsequent learning problems, especially in reading. Many factors included in the mental, social, emotional, and physical development of children are crucial to readiness for learning to read. The importance of perceptual readiness is being assessed. In summary, the literature in the field of motor-perceptual development and its relationship to learning reveals the following premises:[19]

1. Academic tasks in general, and specifically the task of learning to read, demand skill in form perception, symbol recognition, visual-language development and other motor-perceptual abilities.

---

[18] Glenn Kuchner, Jean Cunningham, and Eileen Warrell, Introduction to Movement Education, Dubuque, Iowa: William Brown Co., 1970.

[19] Improving Motor-Perceptual Skills, Op. Cit., p. 11.

2. Readiness for these tasks involves development of general coordination, balance, body image, and position in space, eye-hand coordination and control of eye movements.
3. Children exhibiting learning problems often have inadequate development of motor-perceptual skills. The associated learning difficulties can range from mild to severe.
4. Theoretically, practice and training aimed at helping children develop these skills can prevent or alleviate a certain proportion of learning difficulties.

With these premises, and the presentation of a movement education program at the International Conference for the Association of Children With Learning Disabilities, it was thought by this Practitioner that an inservice course addressing itself to the philosophy and practice of movement education should be explored by the early childhood staff at the Number Four School. The reactions of some of the teachers are presented in the evaluation section of this report.

Inservice Program for Parent Volunteers

Parent volunteers were solicited to participate in inservice training to equip them to work with children with learning disabilities on a one-to-one basis. Mrs. Mary Lou Haggerty, Guidance Counselor at the Number Four

School, who has done much work and research in this field, served as the trainer of the parent volunteers. The volunteers had to make a commitment to participate in the inservice program, to attend a follow-up weekly training session, and to work with one youngster twice a week.

Room 25 was designated the Learning Disabilities Resource Room to be used for the training sessions for volunteers, to house a collection of related materials and media, and to provide a space that could be used for working with the children. This room will be more fully equipped for the 1973-74 school year.

The log of the parent inservice training program follows:

IN-SERVICE ORIENTATION TRAINING FOR VOLUNTEERS WORKING WITH LEARNING DISABILITIES PROGRAM

Group I

SESSIONS

I. What are Learning Disabilities? (M.L. Haggerty)

  a. Background Information
  b. Gross Screening Techniques

II. FROSTIG and other Materials

a. Presentation and Demonstration of Use of Materials

b. Volunteers experience:
   color recognition
   parts of body (left - right)
   anticipatory thinking - problem solving
   use of cuisenaire rods
   patterning
   sequencing
   following directions
   listening skills - memory retention

III. Movement Education - demonstrating

a. Spatial relationships and awareness
   Closeness - Far
   Individually - in pairs - in groups

b. Themes - Structure (bridges - knots)

c. Concepts - Shapes (circle, hoop, square)
   Size relationships
   Number concepts (use of body parts - against wall) - Mrs. Cuchel

IV. - VIII. Subsequent Sessions

Children with special perceptual motor needs are assigned to volunteers who continue in-service training with weekly sessions led by Guidance Counselor to:

a. Receive and assess new materials and ideas to work with

b. Share and add to Bibliography

c. Discussion of materials and problems Volunteers encounter

d. Meeting with Michelle Hertzen

e. Use of Frostig Task Cards and SCOPE Task cards

f. Discussion of types of materials to be handmade
   1. for use in fine motor area
   2. for use in gross motor area
   3. for use in auditory perception

   g. On-going log kept by volunteer with suggestions written in by MLH for next session and suggestions for materials to be used or different ways to use same materials
   h. Evaluation

Projection for Workshop II - Learning Disabilities (Volunteers)

I. Meeting

Mrs. Cuchel will call a meeting of all parents interested in volunteering time to #4 School.

- A. M.L. Haggerty will speak on
  - 1. Learning Disabilities Workshop
    - a. Commitment and responsibility
  - 2. Materials group
    - a. Design and make materials to be used in Learning Disabilities Program

II. Screening

- A. MLH will meet with those who evidence interest in this area
  - 1. Screen out a number to attend workshop sessions
  - 2. Screen out those to work on materials

III. Planning

- A. Michelle Hertzen will be consultant
  - 1. To plan curriculum for workshop
  - 2. To advise person running workshop
  - 3. To evaluate program
  - 4. To offer suggestions and update ideas

VOLUNTEER MINI-WORKSHOP

GROUP II

I. Purpose

- A. To give volunteers overall view of all perceptual areas,
- B. To train volunteers in areas of visual-motor, auditory and gross-motor skills especially,
- C. To show volunteers materials available and help them to see purposes for their use of different materials with children,
- D. To set up programs to meet specific needs of individual children,
- E. To help volunteers understand the need for keeping a log and keeping appointments with children, and
- F. To best pair child and volunteer (through observation of child and volunteers by Counselor).

II. Sessions

- A. Session I. Introduction of Subject.
  1. Background.
  2. Typical child who appears to have needs.
  3. Showing of filmstrip and cassette.
     - a) *Approaches to Learning (an in-service training filmstrip(s) - Teaching Resources "Basic Visual Perceptions, Color, Form, Size"
  4. Discussion and Questions.
     - a) Around filmstrip.
       - 1) Stress - "A child may see but not perceive"
     - b) Need for patience and use of several techniques and materials.

B. Session II - Auditory Discrimination

1. Demonstration by 2 first grade students
   - a) Following whispered directions (into each one's ear)
   - b) "Echo" clapping of patterns
     - 1) Facing children
     - 2) Behind children
   - c) Following oral sequencing directions
     - 1) Patterns (walking) around chairs ("maze")
   - d) Oral directions
     - 1) Using body parts
       - aa. Pointing - using left and right hands and legs
       - bb. Using hoops
2. Showing of filmstrip and cassette
   - a) Approaches to Learning "Perception of Sound"

3. Volunteers - Using Materials
   - a) Attribute Games
     - 1) Finding alikes and differences in pieces by following (individual) oral directions given by Counselor.
     - 2) Using Cheves materials according to oral directions.
     - 3) Use of drums and hands for "Echo"
4. Discussion and Questions
   - a) Around filmstrip.
   - b) About confidentiality.
   - c) Help to be given by Counselor in setting up activities for volunteer to use with a child.

C. Session III - Perception of Sequence

1. Review of observations of volunteers during demonstration.
2. Volunteers do "Echo" game with Counselor as leader and use drums and other instruments for patterns.

3. Show use of patterning through sequential directions.
    a) Also use visual materials.
4. Show filmstrip and cassette.
    a) "Approaches to Learning"
       "Perception of Sequence"
5. Show Frostig Task Cards and explain use.
6. Give out Van Witsen booklets.
7. Discussion and Questions.

D. Session IV - Body Movement

1. Volunteer from Group I to give demonstration of Body Movement.
    a) Discuss its importance.
2. Give out Bibliography -
    a) Point out most helpful books.
3. Show use of Twister game with volunteers.
4. Give out copies of BOCES materials.
5. Continue to demonstrate other materials to use and make.
6. Begin to pair children and volunteers.
    a) Set up schedule of days and hours with individual teachers.
    b) Set up program for each child.
7. Explain benefit of follow-up seminars.
8. Other discussion and questions.

E. Seminars - Weekly.

1. Share experiences with each other.
2. Continue to become familiar with techniques and materials to use.
3. Questions and evaluation.

Volunteer Inservice:

Demonstration for Volunteers

1st demonstration

Materials: Crayons of different colors

Directions: "Pick up blue crayon from desk (oval). Place crayon on floor in front of your chair" (whispered in ear).

Action: Picked up blue crayon (one of 8 crayons of different colors. Placed it on floor in front of chair.

2nd demonstration

Materials: 2 chairs placed one behind the other - 2 feet between

Directions: Go around 1st chair, to left of second chair, around, behind it, back between the chairs (figure 8) and sit in your chair (front chair) without touching chairs.

Action: Followed directions except for the last part -- she came down along the left side of both chairs.

3rd demonstration

Materials: 2 first grade students plus one counselor

Directions: "Put left hand on right eye
Put left thumb on nose
Put right "pinkie" on nose
Put left leg over right leg"

Action: Followed directions without hesitation.

4th demonstration

Materials: 2 hoops on floor

Directions: "Put one part of body into hoop
Put two parts of body into hoop
Put all your body into hoop
See how many different ways you can put yourself into hoop."

Action: Found difficulty in following 1st two directions. Did follow third one but stood with arms and body posed for doing a cartwheel but did not move until told we would go on to something else.

As a result of the thrust in the direction of recruiting, training and mobilizing parent volunteers, the Diagnostic Team at the Number Four School began to develop some guidelines for use with volunteers in the program. Following are the initial steps in this effort to define and organize the volunteer program, as developed by Mrs. Melva Maisel, Social Worker, Number Four School.

INITIATING
a
SCHOOL VOLUNTEER PROGRAM

PURPOSE - EXPLANATORY COMMENTS

Many communities have serious educational and tax problems. The increasing demand on school systems to upgrade the education of "disadvantaged" children, as well as to improve the quality of education for all children requires funds and personnel, at present generally unavailable.

A School Volunteer program provides needed services at minimal cost. It also highlights for the volunteering community participants the need to provide more adequate budgets for education, and it enlists their support in seeking additional governmental funds.

Specifically a School Volunteer Program provides individual attention and assistance which the classroom teacher is not able to supply to children who are either not performing well in a group situation, or who need extra help and encouragement to realize their potential. It taps the resources of the community for enrichment of the school program.

The #4 School in Inwood is an Early Childhood Center with a student body of about 600 young children under the age of 7 years. Young children need a great deal of attention and guidance in their physical, social, emotional and cognitive growth and development. The findings of current research indicate that learning is a highly complicated and individualized activity and that early success and feelings of competency and self esteem are crucial to future school achievement.

District 15 has become increasingly more aware of the needs at the #4 School and in the past several years has increased the number of paid classroom aides to assist teachers. This year it was further recognized that there still was not sufficient assistance, and adult to child ratio, to meet the children's varied learning and emotional needs.

A Part-time Volunteer Coordinator was hired to recruit, train and supervise Volunteers at the #4 School (with staff assistance) so that there could be provided additional:

a. Help to relieve the teacher of tasks such as taping stories, laminating pictures, etc.

b. Special help to an individual child or to a small group of children to reinforce the efforts of the teacher (in special areas)

c. Enrichment of the school curriculum in areas requiring special talent or skill such as art, music, dramatics, dancing, cooking, sewing, etc.

In the #4 School there are two additional needs. The Pre-Kindergarten-Day Care Program was in need of Volunteers for

d. "Mothering" Purposes.
Some of the children are in this center from 9-5:30. Though most of them receive much "Mother love" at home they are indeed not "at home" for many hours of the day, and want and need "Mothering." The teacher and aide cannot provide this all day for 16 to 18 young children. They need help from other Mothers and Volunteers because:

1. Mothering Fills Emotional Needs
    - offers affection
    - comforts the hurt child
    - shows interest
    - appreciates accomplishment
    - helps build a positive self image

2. Mothering Meets Physical Needs
    - nourishment
    - toileting
    - sleep
    - exercise

3. Mothering Helps Social Development
    - self control
    - consideration for others
    - accepting responsibility

4. Mothering Builds Language Ability
    - talking and listening
    - story telling
    - singing

In the #4 School there has also been developed a gross screening and early identification of children with early learning or language skill deficits, and gross and fine motor incoordinations

e. Well trained and supervised volunteers could offer preventive and corrective aid to those children identified as having early or minimal learning difficulties.

In an effort to recruit Volunteers in the District for the aforementioned purposes, letters were sent out thru the P.T.A. inviting parents to Volunteer. From these names the Volunteer Coordinator identified those persons who were interested and called the first orientation meeting. At this meeting members of the staff (Principal, teachers, psychologist, guidance counselor, Pre-Kindergarten Director, and Social Worker) discussed philosophy, purpose, organization and needs in relation to a School Volunteer Program. The Volunteers were given an application form to fill out which gives background and interest data. Assignments will be made on the basis of ability, interest, and time. Volunteers will meet twice weekly with their "assignment," and regular individual or group supervisory meetings will be scheduled.

This booklet is designed to aid both the Coordinator of Volunteers, and the Volunteers in this new project. It is an effort to develop an orderly, organized, efficient and skillful supplementary and ancillary school service.

Inventory of Learning Disabilities Resource Center

The Learning Disabilities Resource Center set up in Room 25 was inventoried and contains the following materials to date:

Visual-Perceptual

Perceptual Bingo pads
2 dimensional color block designs
Color forms
Playskool basic shapes
Felt letters, flannel board

Games:

Tops-tails
Picture dominoes
Form puzzles
Object lotto
Gingerbread man
What's missing lotto

Visual-Motor

Colored cubes) Cheves
Pattern cards)
Pegboards, pegs
Parquetry
Fit-a-size
Fit-a-space
Ani-space
Small mosaics w/pattern cards
Touch and match

Games:

ABC lotto
Galt toy puzzles
Scope
Fun w/sticks
Miracle zoo
Go-together lotto
Farm lotto
Changeable Charlie
Road Game-1, 2 & 3
Draw It w/shapes
Pats/wheels
Landscape Peg set

Gross Motor

Hoops - varying size
Balls - varying size
Large plastic blocks
Clothes line

Game:

Twister - commercial
Twister (3) - variations

Fine Motor

Games:

Pick-up sticks
Beaded jewelry
Denise - by Bill
Roto-draw
Blackhead
Lollipop

Sequential Learning

See-Quees puzzles
Leap and listen

Language Skills Development

Foolers Game (lft.-rt.)

Auditory Discrimination

Cyclo Teacher-Rhyming
Band instruments

Color

Candyland (game)

Task Cards - Programs

Frostig - MGL
Goal

Miscellaneous

Attribute Game

Supplies

- Crayons
- Scissors (lft. & rt.)
- Magazines (to make puzzles, etc.)
- Colored circles
- Brass fasteners
- Colored construction paper
- Masking tape
- Paste
- Felt pieces

The following list of materials was ordered for the Number Four Learning Disabilities program by the Board of Cooperative Educational Services.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

DIVISION OF SPECIAL EDUCATION
SUPPORTIVE SERVICES IN LEARNING DISABILITIES

PARK AVENUE SCHOOL
PARK AVENUE
WILLISTON PARK, N.Y. 11596
516 294 9333-4

57A

June 6, 1973

Lawrence PPT Order

1 Large Parquetry
1 Large Parquetry Designs
1 Small Parquetry
1 Small Parquetry Designs I
1 Clear Stencils
1 Visual Memory Cards (Level 1 & 2)
1 Visual Memory Cards (Level 3)
1 Buzzer Board
1 Buzzer Board Pattern Cards
1 Auditory Familiar Sounds
1 Pre-Writing Design Cards
1 Tutorgram Teaching Unit with Case
1 Kindergarten and First Grade Basic Vocabulary
1 Kindergarten and First Grade Common Terms
1 Kindergarten and First Grade Mathematics
1 Set Letter Recognition Strip Books
1 Set Alike and Unalike Strip Books
1 Look Alikes (12 sets of cards)
1 Matching Cards (4 decks)
1 Ruth Cheves Program (six parts with Instructors guide
1 Attribute Games(desk top set)
1 Teacher's Guide for Attribute Games
2 Tangram Cards
2 Tangram Peices
2 Developing Prereading Skills
1 Filmstrips- Developing Cognitive Skills in Young Learners:
    Grouping and Categorizing
    Contrast and Opposites
    Relative Space and Size Relationships
    Concept Ordering and Discrimination
    Making Inferences-Cue Reduction
    Sequence of Ideas
    Judging Antecedents and Predicting Outcomes
1 Visual Perception Skills - Primary, entire set of 7:
    Visual Memory
    Visual Motor Coordination
    Visual Constancy
    Visual Discrimination
    Visualization
    Figure Ground Perception
    Visual Matching
1 Progressive Visual Training Filmstrips Primary Level PV 100
2 Peabody Language Development Kit, Level 1 Cassette
1 Peabody Manual, Level P
1 Peabody Manual, Level #1
1 Peabody Manual, Level #2
1 Goal Program

Conferences and Visits to Other Schools

This Practitioner and members of the Diagnostic Team attended several conferences and visited other districts in search of understandings, innovative programs, techniques and materials to help develop the best possible program for learning disabled children in the Number Four School.

These conferences and visits included:

1. International Conference of the Association of Children with Learning Disabilities, Detroit, Michigan.[20]

2. Lakeview School District, St. Clair Shores, Michigan.

3. Dr. Mark Ozer, Neurologist and Director of Learning Research Unit, Children's Hospital, District of Columbia, "The Diagnostic Evaluation of Children With Learning Problems," Conference in Great Neck, New York.

4. Levittown Public Schools, New York, Movement Education-Physical Education Program and Demonstration.

---

[20] APPENDIX F contains a list of resource materials available in the District culled from this conference.

5. Bureau of Cooperative Educational Services, Jericho, New York, Conference-Districts using BOCES Learning Disabilities Consultants and Personnel.

6. Orton Society, Conference "Children With Subtle Learning Difficulties," Albertson, New York.

7. Number One School, Lawrence Public Schools, Self-Contained Learning Disabilities Classroom.

8. Queens College, Fifth Annual Special Education Conference.

9. C.W. Post, Learning Disabilities Workshop.

10. Bureau of Cooperative Educational Services, Conference: Program for Safe Living.

11. Molloy College, Rockville Centre, N.Y., Learning Disabilities Conference.

Summer Early Childhood Identification and Intervention Program

This Practitioner with the Diagnostic Team and Director of Special Programs proposed a summer program for early identification and intervention for four, five and six year old children with potential learning disabilities. The proposal went to the New York State Department-Bureau of Childhood Development and Parent Education to utilize PreKindergarten Day Care funds for the pilot program. The State Department accepted the proposal and necessary transfer of funds.

The proposal, rationale, curriculum guidelines, needs assessment and evaluation, and job descriptions for the pilot program follow.

LAWRENCE PUBLIC SCHOOLS

PROPOSED SUMMER EARLY CHILDHOOD IDENTIFICATION AND INTERVENTION PROGRAM

The Lawrence Public Schools will conduct a six week summer program for 140 four and five and six year old children from July 2, 1973, through August 10, 1973. This project will stress the early identification and intervention of Learning Disabilities in young children. The children who are to be included in this program are present PreKindergarteners and other children from the PreKindergarten waiting list who fit the guidelines acceptable for PreKindergarten enrollment. In initial screenings, all of these children have shown some potential Learning Disabilities. Present Kindergarten and first grade children who also evidence potential inefficiencies will be selected to participate.

There will be 4 full time classes and 8 single session classes. The program will operate from 9 A.M. until 3:30 P.M. Children will be transported home to school, and school to home, if they are eligible for transportation. Free lunches will be available for all the children in the program.

The project classes will contain 10 children each and will be staffed by a full time certified teacher and a teacher-aide. This team will be assisted by a psychologist-coordinator, a Learning Disabilities consultant, a physical education (movement) teacher and a speech teacher. Of the 12 classes, 4 will use the conventional approach while the other 8 will stress the early identification-intervention procedures. The 4 control classes will comprise 15 children each.

The psychologist-coordinator will serve as the Program Director and will have the responsibility with the Building Principal of assigning both professional and para-professional personnel. Program flexibility will be essential so that individualized curriculum plans can be made for each child. The entire staff will integrate their efforts to insure a high level of positive results. At the completion of the summer project, a curriculum guide will be developed by the program staff and it will be made available to all district personnel, local agencies and the New York State Education Department, Bureau of Childhood Development and Parent Education.

The staff needs are as follows:

Professional

1 - Psychologist Coordinator
8 - Classroom Teachers
1 - Speech Teacher
1 - Physical Education Teacher
1 - Learning Disabilities Consultant
1 - Secretary

Para-professional

1 - Health Advisor
3 - Teacher-Aides (District's 6 EEO Teacher-Aides will be assigned to the project classes)
1 - Custodian

All jobs are full time or double session positions. The tour schedule for program personnel is as follows:

Psychologist-Coordinator	- 8:00 A.M. - 4:00 P.M.
Teachers and Consultant	- 8:45 A.M. - 3:30 P.M.
All Para-professionals	- 8:00 A.M. - 4:00 P.M.

The program will be funded by the New York State Education Department, Bureau of Childhood Development and Parent Education and the Lawrence Public Schools.

4/30/73

NUMBER FOUR SCHOOL
INWOOD, NEW YORK

RATIONALE FOR SUMMER LEARNING DISABILITIES PROGRAM

General Concern

Each year about 100 children are selected from a large group of applicants to be admitted to our District's PreKindergarten Program. When one considers the major criteria for selection, it can be seen that the admitted children are primarily those with some kinds of developmental lags which may be related to a variety of factors. Experience over the years has continuously confirmed the impression of all involved with PreKindergarten that the children unvaryingly make significant progress during the program. This progress, however, is most clearly shown in qualitative terms but is difficult to prove quantitatively. Along with this impression is the accompanying impression that the positive growth seems to slow down and gains may even disappear by the end of the second or third year in a traditional school setting. This observation has been the impetus for much review of educational techniques used in PreKindergarten and in early elementary grades, with considerable thought given to follow through.

The Learning Process

From a different direction, there has been increasing energy, study and programming devoted to the new area of "Learning Disabilities." Here, as with PreKindergarten children, there has been expressed marked concern with developmental lags or deviations -- as special deterrents in the development of adequate learning patterns. In the Learning Disability area, there has been considerable study of the learning process itself. Through task analysis, efforts have been made to detail the specifics involved in the input, integration, output and feedback phases of learning, so as to understand more clearly where this process breaks down with some children and where interventions, modifications and additions can most effectively improve the process. While the term Learning Disabilities and its specific definitions are relatively new, it does represent a different way of combining much previous research and knowledge. Early studies on short and long term memory, work on auditory and visual perception, Gestalt studies on figure-ground phenomena, are some of the many that are now being drawn in with much other data in the new emphasis on task analysis of the learning process. The pertinent research, while extensive, is still in early stages so that it is far from clear as to how much some deviations may be due to modifiable or remediable factors, and how much they may be due to maturational factors that may or may not be modifiable outside of good"growth factors. The problems met in trying to differentiate these two are much greater at the early childhood level than at other stages. They are of special concern in working with PreKindergarten children where specific developmental deviations do appear to interfere seriously with readiness for and with use of nursery level learning experiences. In the last few years, some early identification programs in some school districts have been followed up by short, intensive learning periods specifically geared to give help in those areas of need or difficulty spotted by the early identification program. There have been indications that such short, intensive learning periods have been particularly helpful when the need had a motor component -- i.e., where gross motor or fine motor coordination was involved.

Developmental Differences

Besides the daily teacher observations and periodic review of all PreKindergarten children, there have been pre, post, as well as some ongoing intensive, psycho-educational studies of them. About the whole gamut of developmental deviations has been found varying in intensity and complexity from child to child. Certainly the staff has been impressed with the frequency of lags in communication skills, self-concept and visual-motor perceptual skills but concerns have also been experienced about gross motor skills and conceptualization, integration and memory abilities. A good, broad PreKindergarten program has been seen to be generally constructive for all the children, although with some there are some areas of developmental lag that persist at the start of the next educational experience -- i.e., Kindergarten.

Each summer there has been some summer school program in which many of the PreKindergarten children have been enrolled. This is a five or six week summer experience, traditionally geared, to provide a good learning environment to sustain if not extend the gains made during the previous year. In view of the awareness that specific short-term training can produce positive growth enabling better readiness for learning, it is proposed that our district's four, five and six year olds' summer program be given a different and individualized emphasis. Working with these children in small groups with high professional input can provide for attention to specific needs and should improve and make for a much more solid and adequate readiness level at which to start their next educational year.

Jacqueline Allen
Psychologist
Number Four School

5/25/73

Target Population

There will be 140 four and five and six year old children in this program. Children will be drawn from the following target groups:

A. All current PreK-Day Care children exhibiting potential Learning Disabilities.

B. Children on current PreK-Day Care waiting list exhibiting potential Learning Disabilities.

C. Kindergarten registrants who are new residents in the district exhibiting potential Learning Disabilities as discovered in initial screening procedure for next year's Kindergarten classes.

D. Kindergarten registrants who are long time residents, did not make application for PreK-Day Care, but exhibited potential Learning Disabilities as discovered in initial screening procedure for next year's Kindergarten classes.

E. Head Start graduates who have made application for the 1973-1974 PreK Program.

F. Present Kindergarten children exhibiting potential Learning Disabilities.

Dissemination of Information

The evaluations and results of this program will be disseminated among the local agencies. Individual copies of pupils' progress will be shared with the children's teachers at the beginning of the Fall term, 1973. The members of the District's Compensatory Education Committee will receive individual copies of the program evaluation. A summary of all summer activities are included in the publication "News of Our Schools" that emanates from the office of the Superintendent of Schools and is mailed to every resident and employee in the school district.

A curriculum guide will be developed by the program staff at the end of the project and will be made available to the entire district staff, local agencies, and the N.Y.S. Education Department, Bureau of Childhood Development and Parent Education.

NUMBER FOUR SCHOOL
INWOOD, NEW YORK

Evaluation and Assessment Input for Summer Learning Disabilities Program

Of pivotal concern both to the construction of individualized learning programs and to the evaluation of the Pilot Program itself is the evaluation-assessment input factor. Since the main features distinguishing the proposed summer pilot program from traditional summer programs are the identification of and specific help with early behavioral signs of potential Learning Disabilities, it is essential that there is a clear profile of each child's ability-disability patterning before the program begins. Following the rationale given above, there are three major areas to be evaluated:

1. Gross motor functioning

2. Fine motor functioning

3. Language-communication functioning

Tests To Be Used

1. Keeting Street School Screening Test.
   This test provides three area scores and a breakdown of each category for easy translation to learning emphasis and a Behavior Rating Component.

   a. Motor Performance
   b. Visual-Motor Performance
   c. Language

2. Peabody Picture Vocabulary Test --
   a short test of picture identification (i.e. labeling skills) that has been used extensively in Early Childhood studies, especially of Head Start and PreKindergarten situations.

3. Figure Copying Test --
   a visual-motor perceptual test consisting of eight designs tapping 3 to 8 year abilities and permitting qualitative assessment of specific needs in this area.

4. Lazarus Gross Motor Coordination Test --
   series of 10 tasks tapping major kinds of large muscle coordination and control that can help spot general lag as well as specific areas of difficulty.

Constructing Individual Developmental Profiles

These tests will provide data from which it should be possible to construct a Developmental Profile in which each skill area will be evaluated for each child. Since the pilot program will be geared to specific help in those areas most affected by intensive training, the tests were selected to show measurable gain. It is recognized that tests evaluating factors riveted in a child's own genetic neuro-physiological patterns would provide meaningless data for this study. It is preferred, rather, to test as directly as possible the three major areas listed above (gross and fine motor functioning and language functioning). While it is recognized that major shifts may not have typically occurred in these areas during regular 6 week summer programs, it is speculated from data provided in other individualized help programs that such changes are more likely to occur as a result of the pilot program approach.

Techniques for Evaluating Self Concept

For purposes of comparison and evaluation, the same battery of tests will be presented before and after the Summer Program. There are alternate forms for the PPVT so that Form A will be used on Pre Testing and Form B will be used on Post Testing. Familiarity with the test does not seem to affect the results on the FCT and the Drawing tasks. It is not at this point clear that familiarity will significantly affect MSSST scores, although the study itself will help in evaluating this factor. In order to recuce the danger of "teaching to the test", (that is teaching a child to handle any of the actual tasks in any of the tests in this battery), the raw data or actual test results will not be available for the teaching phases of the program. The raw data will be summarized in detailed fashion according to the three major areas tested and additional commentary will be made to clarify each child's ability-disability patterning.

Since the theme of the Summer Program will be "Who Am I", it was considered that some Pre and Post assessments of self-concept would be meaningful. This is to be approached in two ways:

1. Figure drawings -- it has long been recognized in clinical psychological studies that, through their drawings, children often reveal how they feel about themselves. By culling specific scoring factors from traditional psychological evaluation techniques, it should be possible to obtain some measure of self concept that could reflect changes during the 6 week period of the program. It is proposed that 2 sets of drawings be obtained during the Pre and Post Testing of each child. These would be a combination of a "Draw A Person" and a "Self Drawing" protocol made

by each child. It is hypothesized that children having a poor self image will produce Pre Program drawings that will be less mature than their actual life ages. It is also hypothesized that the self drawings for such children will be less mature than the Draw A Person drawings. By the end of the Summer Pilot program, it is anticipated that significant changes in self image will be evident not only in greater maturity levels of both self and person drawings but also in a narrowing of the difference in maturity levels between the self and person drawings obtained during the Post program testing.

2. As another route to evaluating a child's self concept, a teacher judgment scale will be developed and completed by his former teacher and by his Program teacher at the end of the 6 week period. Comparison of these findings (Pre and Post) and of these results with the Figure Drawing conclusions should provide interesting information.

The above mentioned testing sequences are, therefore, regarded as essential to:

1. Understanding each child's status at the beginning of the program re the three areas for study.
2. Serving as a basis for developing an individualized program for instruction which will undergo constant scrutiny, extension and modification with daily feedback through evaluation of children's use of these programs.
3. Scrutinizing the efficacy of the testing sequence for predicting constructive, individualized programs.
4. Providing a quantitative as well as other than educational evaluation of the type and direction of changes in each child re the three major areas as well as re the more general concept of "self images". Pre and post testing will be completed for all children in the Summer Program so that in the pilot group each child's progress can be seen against his starting position, against that of the group, while the pilot group can be compared starting and ending against itself and all kinds of evaluations can be made against the group that will have a traditional summer program in the same building with equivalent quality of teachers and materials.
5. Serving as a tangential factor together with weekly prescriptive teaching techniques to evaluate teaching tasks and a curriculum to be derived from the six week Pilot Program.

Jacqueline Allen
Psychologist
Number Four School

5/25/73

SELF CONCEPT RATING - TOTAL POSSIBLE SCORE = 12

1. Full face
2. Center placement on page
3. Drawing = 1/3 or more size of 8½ by 11" paper
4. Good enough ratings - equal to mental age level
5. Happy facial expression
6. Imaginative quality (decorative elaborations, comments re activities)
7. Body parts in good proportion to each other
8. Inclusion of hands and/or fingers
9. All facial features (eyes, nose, mouth, ears)
10. Positioned squarely on paper (not tilted)
11. Does not need to question instructions before drawing
12. Equal to self concept rating on Draw-A-Person (score after rest of scoring is completed)

All factors indicating feelings that child is in direct communication, is active, without body distortions or pathology, and with happy productive, interacting qualities. As self concept is higher, the quantative level of drawing should match general ability level of the child.

Commentary re Self Concept Evaluation

1. DAP - Note if:
   a. Same sex as self
   b. Same age as self

J. Allen

JNA:cp
6/18/73

Name_________________Birthdate_____________Handedness_______

Pre

C.A.________________

Date________________

Examiner____________

Post

C.A.________________

Date________________

Examiner____________

1. Knows: Name-First____Last____ First____Last____

Age______________________________

Sex______________________________

Address__________________________

2. PPVT - Age Equiv.______________________

3. DAP - Age Equiv._______________________

a. Self-concept Rating____________________

4. FCT or Bender Gestalt
Age Equiv._______________________________

5. MSSST - Total__________________________

M-P______________________________

VPM______________________________

L________________________________

6. Draw self - Age Equiv.__________________

a. Self-concept Rating____________________

J. Allen
6/18/73

Name______________________ Sex____ Birthdate________ Handedness______

Gross Motor --- MSSST - SS =

Assets

Deficits

Perceptual Motor - MSSST -- SS =

Visual:

Auditory:

Tactile:

Language-Communication - MSSST - SS =

Peabody Age Equiv.

Comments:

Self Concept

Self Concept Scores -- Self: Person:

Comments:

General Informational Spread

Comments re Important Notations, Questions, etc.

6/18/73

NUMBER FOUR SCHOOL
INWOOD, NEW YORK

Early Childhood-Identification and Intervention in Learning Disabilities - Summer Program and Curriculum Guidelines

Pilot Program

There will be 6 half-day sessions lasting 2½ hours each.

30 minutes - scheduled physical education
30 minutes - group language
30 minutes - focused activi[illegible]ter
15 minutes - snack-sociali[illegible]
15 minutes - listening skil[illegible]music, story, etc.)
30 minutes - focused activity center

There will be 2 all day classes. These classes will have the same program in the morning followed by lunch, rest and large muscle activity.

GUIDELINES FOR L.D. CLASSROOM MANAGEMENT

1. Develop a firm, well-established routine with a few selected rules.
2. Present one stimulus at a time.
3. Have classrooms simple and uncluttered.
4. Wear simple, appropriate clothing and little jewelry.
5. Establish a quiet, relaxed atmosphere with few distractions.
6. Praise accomplishments frequently.
7. Concretize learning and give choices within a defined structure.
8. Try all avenues of learning until one is found that works; use all information available and then be creative.

CURRICULUM

An integrated, interdisciplinary curriculum will be developed as a vehicle for early intervention in the area of learning disabilities.

The theme or core of the curriculum will be developed around Self Concept: Who Am I? Around this core, activities in the areas of gross-motor, visual-motor and listening and language skills will be developed.

The approach to potential learning disabilities will be diagnostic - prescriptive and individualized thereby tailored to meet each child's needs.

Behavioral Objectives and Task Analysis (Planning)

1. Goals should be stated for each child in terms of behavioral objectives.
2. A task analysis should be made to determine what is to be taught, the mode that fits the child and the material to be used, if any.

SUGGESTIONS FOR THE FIRST TWO DAYS:

Orientation - getting to know all children and adults in the room: specialists (LD, phys. ed, speech, nurse and psychologist) will visit and spend time with each class; children will be taken around the building to see the classrooms, offices, area for movement education, etc.

Activities: Name games
Assignment board - activity pictures
Cubbies - name and picture (use Polaroid camera)
Self-image - mirrors and outlining body
Physical education - movement

Language encoding test - Dr. Lazarus' test using tape recorder

Role of Specialists

The learning disabilities specialist and speech and language specialist will work within the classrooms with individual children, small groups, and sometimes the whole group. The physical education-movement specialist will work with all children in the gymnasium or the auditorium, if the carpeting is in and the seats have been removed by the summer. Classes will be scheduled for movement education and some children may be selected for additional time in this area.

The first two days all specialists will be scheduled to visit in the rooms and demonstrate some of their techniques and materials to the children.

Staff Development

Two days during the last week of June and two days at the beginning of July will be assigned for inservice training. At this time, teachers will be given a profile of the assessment needs of each of their children.

Sessions will be given by the Learning Disabilities, Speech and Language, Physical Education specialists, as well as by the Psychologist-Coordinator. These specialists will also meet with each teacher to discuss each child's diagnosis and to work out prescriptions as a joint effort.

Observation and recording will be done as part of staff development (video-tape).

When the program begins, a forty minute staff development session will be scheduled on a daily basis after lunch to evaluate the ongoing program, needs and prescriptions for each child.

Teachers will keep daily records of each child's activities and progress.

Two days will be used at the end of the program for summary evaluations and to compile total staff recommendations for materials and activities used in the pilot program to incorporate into a curriculum guide for the Lawrence Public Schools and the New York State Department of Education.

DIRECT LINE

FROM THE SUPERINTENDENT'S OFFICE • SCHOOL DISTRICT 15

VOLUME VI, No. 9 May 11, 1973

— ANNOUNCEMENT OF VACANCIES - SPECIAL LEARNING DISABILITIES SUMMER PROGRAM

Description of Program:

The Lawrence Public Schools will conduct a six-week summer program for 140 four-, five- and six-year old children from July 2 through August 10, 1973. This project, approved and funded by the New York State Education Department's Bureau of Child Development and Parent Education, will stress the early identification and intervention of potential learning disabilities in young children.

The project classes will contain approximately ten children each and will be staffed by a full-time certified teacher and a teacher aide. This team will be supported by a psychologist coordinator, a learning disabilities specialist, a physical education teacher and a speech and language specialist. . Of the twelve classes, four will use the conventional approach, while the remaining eight will stress the early identification and intervention procedures. The four control classes will comprise 15 children each.

Program Schedule:

Six weeks, July 2 through August 10, 1973, from 9:00 A.M. until 3:30 P.M.

Vacancies and Qualifications:

Staff needs are set forth below. As a prerequisite, all applicants must have prior experience working with children at the early childhood level (Pre-Kindergarten through Grade 1).

Title	# of Positions	Qualifications
Classroom Teachers	8	1. Early childhood education license 2. Prior training or in-service course work in learning disabilities 3. Interest in working as a member of an inter-disciplinary team 4. Willingness to try new techniques and materials in a pilot program and implement same in regular classroom during 1973-74 school year.

Title	# of Positions	Qualifications
Learning Disabilities Specialist	1	License or training in field of learning disabilities.
Physical Education Teacher	1	Training or experience as a movement education specialist.
Speech & Language Specialist	1	Prior training or experience in speech and language development.
Teacher Aide	2 full-time	Knowledge or prior experience working in learning disabilities program.
* Teacher Aides	2 half-time	Prior experience working with children at early childhood level.

Qualified staff members are invited to make written application no later than May 18, 1973. Applications should be directed to:

Mrs. Sheila Fishman, Principal
#74 School

CRAMER HARRINGTON
Director of Personnel

* Six aides are presently employed.

CH:dw

TO: Mrs. Sheila Fishman
Mr. Jerry Harris

FROM: Cramer Harrington

DATE: 5/15/73

RE: 1973 Summer Program - Personnel Salaries

Following careful review, it has been determined that the following salary rates will apply for certified professional personnel assigned to the Summer Program Re: Special Learning Disabilities.

Classroom Teachers	$2040

The Psychologist Coordinator shall report directly to the Building Principal, Mrs. Fishman, who, in turn, shall be Administrator-in-Charge of the Learning Disabilities Program. In the absence of the Building Principal, the Psychologist Coordinator shall assume overall responsibility for the program.

If there are any questions concerning the information contained herein, please contact me at your earliest convenience.

CH:dw
cc: Mr. Clark
Dr. Eichel

PRELIMINARY EVALUATION

Some evaluation can be made at this time regarding the use of consultants, revision of the Kindergarten registration process, initial staff development, training of parent volunteers, and the acceptance or rejection of budget proposals.

Evaluation of Consultations with BOCES Specialists

BOCES consultants helped to provide ideas, experience, and support to this Practitioner and her staff in the development of a program for Learning Disabilities in the Number Four School.

They were of great assistance in clarifying and helping to redesign the Kindergarten registration procedures, in staff development, and in helping to order materials, design the program, and develop curriculum guidelines for the summer pilot project.

Miss Hertzen's evaluation follows.

Development of Materials for Language Development

The three session workshop was attended by Michele Hertzen, BOCES L.D. Consultant, Sylvia Webb, Diane Warren, Gene Pickoff and Lee Benjamin. The sessions were 1½ hours in length, and focused on the concept of language, its component skill areas, and development of activities and games for children with specific language disabilities.

The first session was introductory in nature. A review of learning disabilities approach was given. Language development in general was discussed. Points brought out were: the importance of language, for school learning, in signs to look for as indicators of language problems, difference between "receptive" and "expressive" language and their interrelationship, and most common language problems in the form of auditory perception, memory, word-finding and concepts.

The second and third sessions were devoted to culling ideas from sources and adding original ideas as well. Sources used - "Learning Games for Exceptional Children" by Wedemeyer & Cejka; "Perceptual Training Activities Handbook: by Van Witsen";"Helping Young Children Develop

Language Skills" by Karnes, as well as ditto material of unpublished methods.

At the onset of the second session, an analysis of language skills was developed. The model broke down language into receptive and expressive language. Under receptive were skill areas: 1. auditory attention, 2. auditory discrimination, 3. auditory memory, 4. comprehension. In expressive language skill areas were: 1. naming, 2. sequencing, 3. motor encoding, 4. concepts.

Sylvia Webb - auditory memory
Diane Warren - auditory attention
Gene Pickoff - motor encoding
Lee Benjamin - naming and sequencing

The rationale was to give people a broad base for language skills. A good beginning was made. We hope that this is only the beginning and that an ongoing evaluation of suggested activities and addition of new ideas will be an outgrowth.

Michele Hertzen
June 7, 1973

Evaluation of the Kindergarten Registration Revision

The team of interviewers reported that many parents enjoyed the visit and expressed feelings of warmth and appreciation of the school's concern for their children's needs.

The two health advisors reviewed the initial 296 registrations and selected 17 high risk applications. Problems suggested fell into the following categories:

Speech
Motor Coordination (fine and gross)
Physical Problems
Vision
Social Adjustment
Hyperactivity
Emotional Problems (fears, etc.)

The Psychologist will follow-up these children before the summer.

The Diagnostic Team proposed several additions for the 1974 Kindergarten registration. Extended questioning regarding previous educational experiences and adjustment, family crises and traumas, will be suggested for the interviewers. The questionnaire will be extended to include right or left handedness, the interviewer's name and date of interview. This Practitioner proposed the exploration by the health advisors of an intensive screening for visual problems as another possible addition to next year's Kindergarten registration procedure.

It was felt by the Diagnostic Team that the revised procedures had already netted benefits in orientation of preschoolers, and in identification of the needs of some children which might be attended to in a summer program.

Evaluation of Staff Development

The teachers responded quite favorably to the sessions on learning disabilities given by the BOCES consultant. Many teachers invited the consultant on subsequent dates to visit their classrooms, demonstrate techniques, and to discuss specific children and their needs. This was deliberately presented on a voluntary, open-ended basis to encourage teachers to communicate freely with the Learning Disabilities Specialist in what might otherwise have become a threatening situation.

The Diagnostic Team felt that the input of the Learning Disabilities Specialist was most helpful as a result of the few meetings Miss Hertzen was able to attend. The Team felt that this position was a crucial one to have for the following year at the Number Four School.

Movement Education

The response of the teachers to the Movement Education inservice course was most positive. Following are evaluations of the program by some of the teachers who participated.

MOVEMENT EDUCATION INSERVICE COURSE

Ellen Math, Kindergarten Teacher:

The course itself was probably one of the better inservice courses I have ever participated in. The first few sessions were theory sessions - discussing psychological viewpoint and how the movement education outlook came about. The last six sessions were actual participation and concept formation sessions - working things out and developing a way of thinking curriculum in terms of movement education.

I have found it very helpful and have incorporated it into my own Kindergarten curriculum. The children respond well to it -- they enjoy the games and they are understanding otherwise difficult concepts. Concepts, such as - inside, outside, next to, near, far, small, big, more than, fewer, etc., are more fun and better understood when they can be worked out through physical movement.

Our instructor, Jeffrey Berke, was enthusiastic, creative and well prepared. Jeff was stronger in the curriculum development area than the theoretical sessions.

MOVEMENT EDUCATION INSERVICE COURSE

Mary Lou Toglia, Physical Education Teacher:

Initial sessions of the inservice course on Movement Education conducted by Mr. Jeffrey Berke centered on Dr. Thomas Harris' book entitled I'm O.K.-You're O.K. Based upon this book, Mr. Berke demonstrated in what light teachers and parents often address children, and how different approaches tend to influence the children's resultant behavior and reactions.

Further sessions in the course explored various screening procedures for identifying children with perceptual-motor problems and possible learning difficulties. Using simple pieces of equipment such as a balance beam, beanbags, balance boards, and ladders, teachers can discover in what motor areas a child is experiencing difficulty. Methods were explored as to how such motor problems could be overcome or improved.

Mr. Berke also brought to light the use of movement to enhance academic abilities in the classroom. Such suggestions as exploring the shapes of geometric figures with whole body, or tracing numbers or letters by moving pointed out the endless possibilities which the teacher has at her disposal to make learning more exciting. Involving the child's physical self as well as his mental self brings the entire person into the learning process; learning becomes more challenging and meaningful in this way.

Finally, movement as a creative outlet for expression was explored. In the light that each child does what he can as well as he can, no child can be wrong or make a mistake. Children can be challenged to explore all the possibilities of movement which their own bodies can manage; thus, inhibitions are decreased and self images are enhanced. From such a healthy viewpoint, a child is then free to move on to creative expression.

MOVEMENT EDUCATION with Jeffrey Berke

Sylvia Webb, Kindergarten Teacher:

Although there seemed to be no structured outline or any continuity in presentations from week to week, Mr. Berke did give me many ideas, suggestions and an understanding of movement education.

Many things come to mind concerning this cause:

1. Mr. Berke's learning process - think, perceive, move, achieve
2. Techniques in teaching body control
3. Special awareness of body & space.
4. The child's ability to accomplish in this particular area.

Activities added to our classroom routine due to Mr. Berke's influence have delighted the children. As a teacher, I have found another effective way to work with children. In a way, it is surprising to find that this area of movement education is an excellent form of discipline and the children discipline themselves. This is seen in activities where children 'find their own space,' make small groups, large groups, where, in order to do a special task, they must listen or else the task cannot be accomplished. And, because of their enthusiasm, they want to accomplish their tasks.

We have to date done the following:

1. Explored all possibilities of crossing a suspended bar between two jingle gyms.
2. Explored all possibilities of crossing a ladder
3. Made figures (letters and numbers) with 1-2 or 3, sometimes 4 bodies.
4. Learned to count with various parts of our bodies, (arms, legs, fingers, head)
5. Learned that there is no right or wrong way to accomplish something but that there are many ways

And there is much more to do. When children continue to try new movements, explore possibilities (which they do on their own in the gyms) I would say we were on the right track (tracks) to unlimited horizons.

Physical Education Objectives and Projections

This Practitioner asked the Physical Education teacher at the Number Four School to project her program guidelines for the 1973-74 school year. The objectives and projection follow, and included is a movement education component, an obvious outcome of the related inservice course.

PHYSICAL EDUCATION OBJECTIVES

-Miss M.L. Toglia

1. To be able to perform locomotor and non-locomotor skills correctly.
2. To increase awareness of the elements of speed, force, level, and direction as the components of movement.
3. To be able to move with increasing control, skill, and safety.
4. To be able to solve movement problems.
5. To be able to move in time to music.
6. To become familiar with simple folk dances.
7. To be able to combine basic steps with words and music.
8. To feel free to express one's own ideas through movement to music.
9. To be able to measure one's own progress through self-testing activities.
10. To become familiar with the rules of various games.
11. To develop skill in handling balls, beanbags, jump ropes and other small equipment both in and out of game situations.

PHYSICAL EDUCATION PROGRAM PROJECTION FOR 1973-74, GRADE 1 - Miss M.L. Toglia

I. MOVEMENT EDUCATION

- A. Personal space/group space concepts
- B. Exploring parameters of level, speed, and intensity of movements
- C. Moving safely (no collisions)
- D. Understanding how different parts of the body move
- E. Creative and expressive movement
- F. Development of body image

II. SELF-TESTING ACTIVITIES

- A. Climbing (rope, pole, ladder)
- B. Jumping and Vaulting
- C. Balancing (with and without apparatus)
- D. Tumbling
- E. Stunts
- F. Jump rope activities, hoop activities
- G. Activities with wands and beanbags
- H. Ball handling activities
- I. Basic Conditioning Exercises

III. LOW ORGANIZATION GAMES

- A. Large group games
- B. Small group games
- C. Relays
- D. Simple Team Games

IV. Rhythms and Dance

- A. Recognition of basic beat
- B. Responding to beat
- C. Locomotor and non-locomotor movement to accompaniment
- D. Singing games
- E. Simple folk dances

Recommendations for Training Parent Volunteers

The Guidance Counselor who trained this year's parent volunteers was asked to summarize her recommendations for next year's program. Her projections follow:

LEARNING DISABILITIES WORKSHOP FOR VOLUNTEERS

Recommendations for 1973-1974 - Mrs. M.L. Haggerty

I. Recruitment of Volunteers

- A. Use all resources available such as:
  1. PTA
  2. Council of Jewish Women
  3. Mother's Club
  4. Senior Citizens
  5. Local publications, etc.

II. Selection of Volunteers

- A. Set criteria, such as:
  1. Evidence of desire and patience to work with children with LD
  2. Time to give to workshop, to child, and to follow-up seminars
  3. Commitment to carry out responsibility to child over an extended period of time
- B. Screen
  1. Instructor for Workshop recommends those who appear most capable of carrying out the job of working with children. Others could make materials, etc.

III. Planning for Workshop Sessions

- A. Determine the number of sessions and length of each session
- B. Determine the content of each session, and available space (same place for all sessions)

IV. Selection of Students for Volunteers

- A. Names of children will be submitted to the Diagnostic Team
- B. Diagnosis of LD will be made

C. Prescription set up for volunteer by LD Specialist, and

D. Student will be paired with a volunteer

   1. Time for volunteer's seeing of child will be set up with the classroom teacher, and
   2. Materials and ongoing evaluation will be provided by the LD Specialist

V. Follow-up

A. Regular seminars with volunteers will be held after the workshop sessions

B. Logs will be kept by volunteers and will be checked weekly by the LD Specialist

VI. Other

A. System set up for absence of child or volunteer so both know (plus teacher) ahead of time of session between child and volunteer.

B. Volunteers from this year's training sessions will be given at least one session re-cap and assigned to a child early in September.

LEARNING DISABILITIES MINI-WORKSHOPS

Summary - M.L. Haggerty

This year there were three mini-workshops given for volunteers interested in helping children in the area of learning disabilities. Each workshop varied insofar as the personality, background and dedication of the participants was concerned.

Workshop I

A. Made up of six women (originally)

1. Each had a child who appeared to them to have problems in learning or
2. Had become familiar with LD through involvement with this area in organization work.

B. Four left the workshop for personal reasons, such as:

1. Employment on a full time basis,
2. Convinced that her child did not have a learning disability,
3. Need for woman to be home when her child was put on home tutoring, and
4. Pregnancy

C. The two women who finished the workshop

1. Were assigned to children at the first grade level,
2. Took the Movement Ed. course, and
3. Demonstrated Movement Ed. to the volunteers in the second and third workshop groups.

Due to their commitment to organization work, their work with children was sporadic.

The second workshop began with five women, one of whom dropped out, plus one who came when her schedule at Queens College allowed. Of these, one was given the job of making materials rather than her working with a child; one worked with a second grader at P.S. #3 until she received a full time teaching assignment; one started with a child but did not continue. The last appeared to have been motivated to join the group by her need to gain insight into her own child's problem.

The final two women in this group who stayed to work with children have been very punctual and very involved. They have been willing to have help but have appeared to use excellent judgment in terms of assessing needs and in meeting them. Their enthusiasm and dedication to their role has been most evident and helpful to the first grade children involved.

An important factor for a positive relationship has been their assuming the responsibility for notifying the classroom teacher and child when they have been unable to come into the school.

The last workshop group was made up of five very alert, concerned women who appeared anxious to work and help children. It appears that all five volunteers will work steadily with children until the end of the school year. In addition, it seems they will be "knocking on the door" to continue in the fall.

This group also had the added advantage of observing five children take the Frostig Test, of correcting a test, and of discussing the results and apparent needs of each child pursuant to setting up a program of help for that child.

Therefore, of the sixteen women who started in a workshop program, seven are active and two are available around an organizational schedule. One of the women in the last workshop group has volunteered to help in the summer program. She is interested in learning about perceptual difficulties and she tried to get into the course at Adelphi, but it was too late when she applied.

LEARNING DISABILITIES VOLUNTEER SERVICES

I. Volunteers

  A. Steps

    1. Recruit volunteers
    2. Screen volunteers
    3. Hold workshops

      a. Philosophy and background
      b. Materials
      c. Readings
      d. Filmstrips
      e. Discussions
      f. Practice

    4. Assigned a student
    5. Set up days and time for service with classroom teacher
    6. Log set up by volunteers

      a. Check by LD Specialist

    7. Seminars held for volunteers

II. Students

  A. Steps

    1. Identified as having LD

      a. Through teacher
      b. Through LD Specialist
      c. Through summer program
      d. Through other sources

    2. Tests given for diagnosis
    3. Program set up for volunteer
    4. Child assigned to volunteer
    5. Letter sent home to parents

Recommendation:

A. A gummed label be placed on child's attendance card on which are the following:

  1. Days volunteer sees child
  2. Volunteer's telephone number

B. Nurse call volunteer on days child is absent

C. Volunteers accept responsibility for notifying school that he/she will be unable to see child.

Budget Proposals for 1973-74

Several proposals were made for the Number Four School related to the Learning Disabilities Program for the 1973-74 school year: These proposals are listed and their acceptance or rejection indicated.

1. Removal of fixed seats from the auditorium to be replaced by carpeting entire area for more flexible use of space for movement education, large muscle activity, etc., since the Early Childhood Center has little if any use for a formal auditorium. (Accepted for the center sections).

2. Replacement of three day per week guidance counselor with a learning disabilities consultant who will serve as a resource person to teachers for staff development, will work with some individual and/or small groups of children, and will train parent volunteers. (Accepted).

3. Extension of the Physical Education Teacher's time from 2 days per week to 5 days to work with Kindergarten children who exhibit potential perceptual-motor problems. (Rejected).

4. Creation of a Safety Village on the blacktop at the Number Four School, to develop a viable program for bicycle safety and total visual awareness at an early age. (Accepted).

5. Establishment of a small self-contained class of four and five year old children who exhibit potential learning disabilities. (Accepted).

CONCLUSIONS

This Practitioner and the Diagnostic Team spent several months researching the field of learning disabilities. This study involved reading the literature, visiting other schools, attending conferences, initiating staff development, exploring techniques and materials, planning for the present and incoming PreKindergarten and Kindergarten children, and developing training techniques to use with volunteers.

A beginning step was taken with the revision of the Kindergarten registration process which was received favorably by parents, and resulted already in some early identification of potential problems.

The teachers at the Number Four School have evidenced much receptivity to the thrust in staff development. Twelve teachers took the movement education inservice course. Three teachers have registered for a learning disabilities course to be given at Adelphi University during the summer of 1973. Five teachers applied to teach in the Summer pilot project. Some teachers have already incorporated techniques learned in the movement education inservice course into their classroom programs.

Many teachers have ordered materials related to learning disabilities for classroom use in the 1973-74 year; perceptual-motor games, auditory and visual discrimination materials, language development kits, etc.

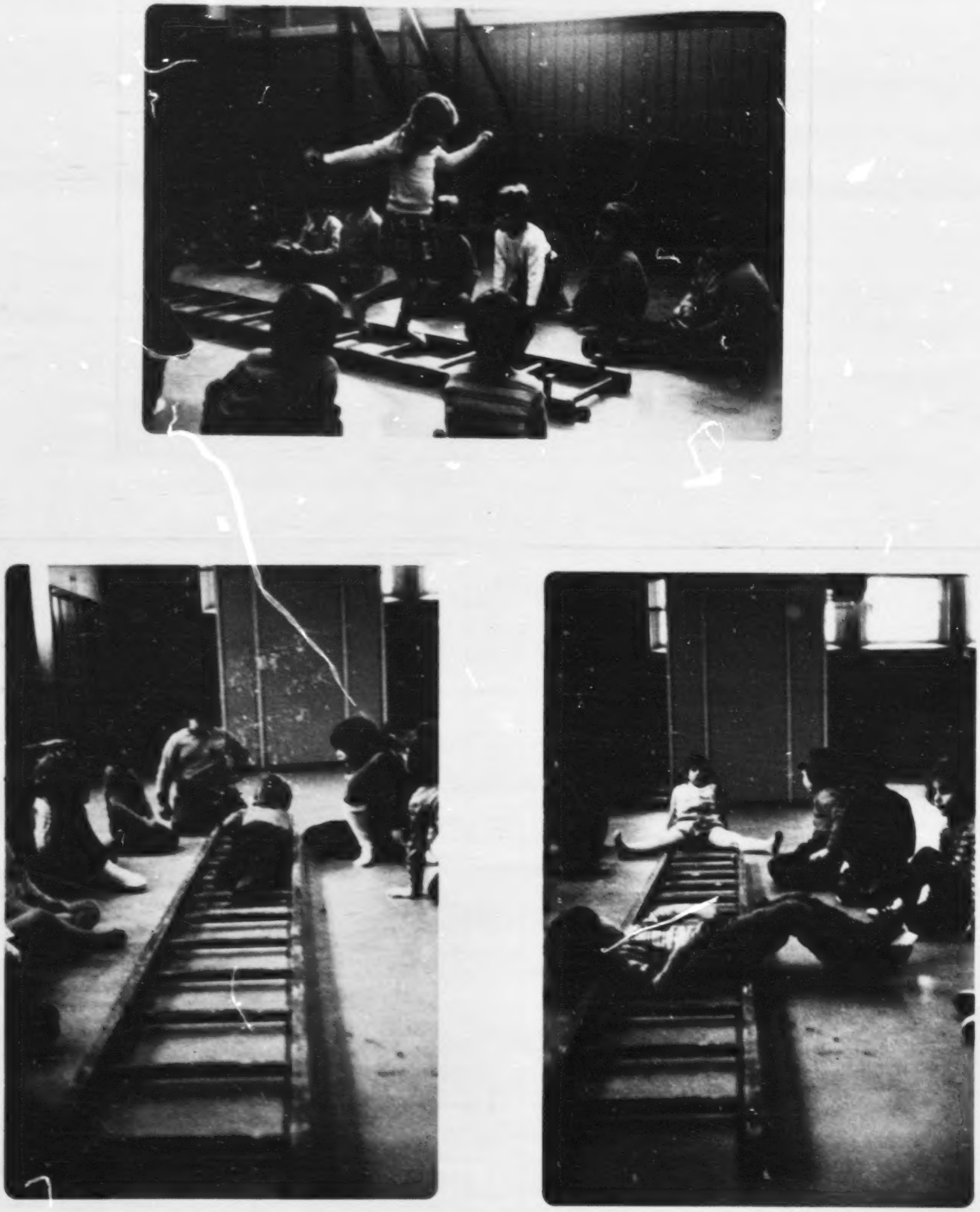
A Learning Disabilities specialist will spend three days a week at the school beginning in September, 1973, to serve as a resource teacher, staff developer, trainer of parent volunteers, as well as to diagnose problems and prescribe techniques and materials to use with individual children within the regular classroom. In addition, there will be a special class for four and five year old children, staffed by another Learning Disabilities teacher to develop the program of early intervention using another approach.

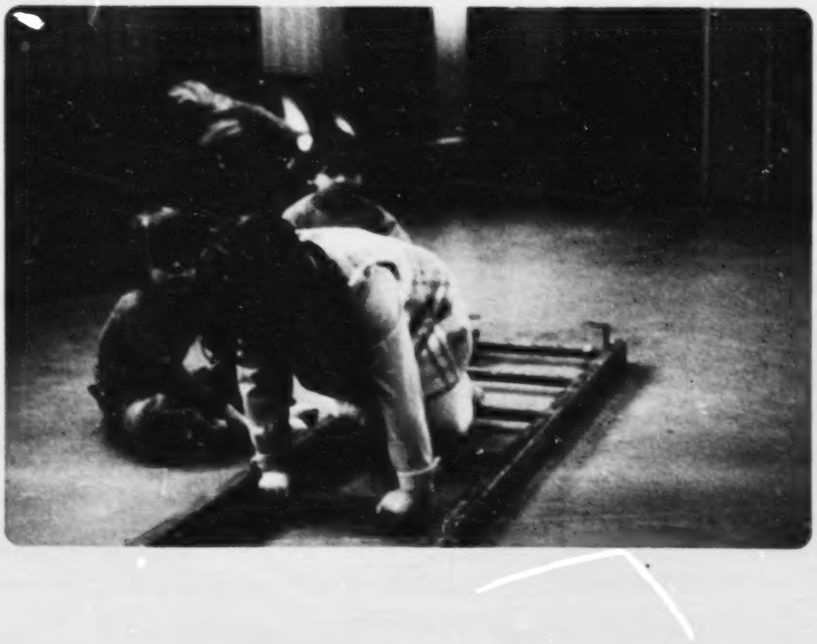
The learning disabilities summer pilot program at the Number Four School is by far the most extensive and indepth attempt to make an inroad into the area of intervention, and hopefully, prevention of learning disabilities at the early childhood level.

This Practitioner feels that the support of the Central Administrators and the Board of Education of the Lawrence Public Schools has been a tremendous stimulus and impetus to the development of a program to meet the needs of young children with potential inefficiencies. They have provided ancillary personnel, funds and encouragement, without which the intensive planning could not reach the implementation stage. The program at the Number Four School has started in subtle ways in the classrooms already, but will be launched officially this summer.

Following are pictures of one Kindergarten group exploring how many different ways they can move across a ladder. (Movement Education in Action: Figure 1).

FIGURE 1: MOVEMENT EDUCATION IN ACTION





IMPLICATIONS OF THE STUDY

The field of learning disabilities is complex and controversial, and a great deal depends on trial and error. Perhaps the focus to keep in mind is that a program cannot be "adopted" from another school district or research study. Educators must find techniques and organizational patterns that work with their children, the kind of program that best meets the needs of their population, and what resources are or can be made available to support their design.

The intensive planning and beginnings made in the area of staff development described in this study illustrate the painfully slow process involved in building a program to meet the needs of children with learning disabilities. This Practitioner feels that the ultimate goal in education must be to provide for all children's needs within the mainstream of the Public School System within integrated classrooms. All teachers must be trained and equipped to accommodate to the varying and individual needs of their children. It is anticipated that the teachers involved in the summer school pilot program at the Number Four School will carry over and incorporate the techniques they have developed into their regular classroom programs in the fall. If this holds true, then a model may have been developed for future inservice training in the Lawrence Public Schools.

In addition, a variety of approaches to the problem are projected for the 1973-74 school year in addition to the integrated classroom programs. There will be a self-contained class for four and five year old children who exhibit inefficiencies, a resource teacher to carry on continual staff development to develop ongoing classroom techniques, a corps of trained volunteers to work with children on a one-to-one basis, and a primary physical education program which incorporates the techniques and philosophy of movement education. The success of these approaches may very well prove to be their degree of flexibility and the insights that will develop over the coming year in their exploration and implementation.

APPENDIX A

July 3, 1970

Memo to: Mr. Andrews

From: Mrs. Allen

Re: Early Identification Program

Phases of Procedure

I. Administration of Gross Screening Procedures

II. Individual Analyses by Psychologist

III. Psychologist-Teacher Conferences re. All Results

IV. Individual Follow-Up of Suggested Problems

This past June marked the end of the third year in which gross screening procedures were used with all of the Kindergarten children in School District #15. The original idea came with the establishment of the Kindergarten school where the physical grouping of all the children this age made more feasible the carrying through of an early identification program. For some time it had been hypothesized that many of the children who are referred for psychological help during the elementary school years show in Kindergarten evidences of difficulty. It was felt that if they could be spotted at this "pre-formal education" period that individual study could follow which should at least lay the groundwork for individualized planning, and constructive home-school involvement. General experience over the years, and perusal of past school records has suggested early evidences of disturbance in many children who were in later years referred to the psychologists, even though there are always instances at any grade level of temporary problems of children who otherwise progress in school without unusual difficulty.

To: Mr. Andrews July 3, 1970

The large number of children and limited psychological time posed special problems in the creation of a worthwhile early identification program. Most of the traditional and even more recently developed psychodiagnostic tools and techniques required one-to-one administration, considerable testing time and even longer analytic time. It was therefore vital to work out a valid gross screening program that could be given by teachers on a group basis, yet which could provide enough individualized clinical information to permit the psychologist to make assessments and propositions. From the large body of developmental, clinical, and educational psychology information, several possible techniques and combinations of techniques were considered and tried tentatively during the school year 1966-67. Out of this came the selection of 3 specific techniques whose combined information for each child appeared to produce consistently valid results for gross screening purposes.

Gross Screening Procedures

1. Problem Check List: A list of 20 items relating to personal controls, relationship to peers and authority figures, language skills, physical defects, and self-help skills. The teacher is instructed to fill out a form for each child in her class but to check only an item which is obvious. She is cautioned not to check an item about which she is uncertain as the procedure is a gross screening technique. This technique is said to take only about 2 to 3 minutes per child and has not been found a burden to the teachers. At the same time, it does give much valuable information to the psychologist.

2. Figure Copying Test: A series of 8 geometrical forms and designs that have separately been used in many psychological testing procedures. They include figures for which there is much statistical and research information as to developmental levels for their mastery. The developmental range for the

figures extends from the circle (3 years) to the 1st figure on the Bender Visuo-Motor Gestalt Test (7 years - 6 months). This test provides a range of information to the psychologist -- including that about visuo-motor perceptual skills, eye-hand coordination, fine finger dexterity, spatial relationships, ability to focus, plan and execute efforts, to attend to and follow instructions, to handle drawing materials, etc. Patterns of execution also provide a wealth of indications re. personality factors -- indications that gain in importance when considered in light of information from the other 2 techniques. This test can be administered to the class by the teacher in the classroom. As it is given usually at the end of the 3rd month of Kindergarten when children have some familiarity with using pencils and sitting at tables, it has been found to take about 10-15 minutes.

3. Human Figure Drawing: The use on a group basis of the drawing of a person by each child. Drawing techniques are most commonly an important part of any psychodiagnostic procedure. Although interpreted and used in many ways, drawings provide considerable information re. personality factors, visuo-motor skills, self and world orientation, and indirectly re. developmental and/or intelligence factors. The teachers have generally combined presenting this task at the same time as the Figure Copying Test, thus increasing the overall testing time in the classroom to 15 or 20 minutes.

These 3 devices make up the Gross Screening Procedures as used over the past 3 years. Their nature has permitted amassing of information on each child through group administered procedures taking up a minimum of teacher time, as well as approximately 20 minutes of classroom time. This however, is only the beginning of the use of the raw data. At this point the psychologist analyses for each child the 3 separate protocols -- thus producing for each child a summary of indications, propositions and questions. The summary information is used in individual conferences with each teacher about the children in her classes, taking at least 1-2 hours per teacher. At this time gross screening information is checked against teacher impressions. This often leads to immediate suggestions in obvious situations where minor modifications in approach and handling seem indicated. Where there is much more concern, it can lead to recommendations for follow-up through individual study by the psychologist and collaboration with the teacher, school personnel and family.

While psychologist time is considerable at the 2nd and 3rd phases of the overall procedures, the necessary work at this time has been possible within the present framework of time. Testing is generally done in December with analysis, and teacher conferences completed in January and sometimes into February. It has not been possible to follow through on the individual psychodiagnostic studies to the extent indicated by the gross screening results. Gross screening is only one phase of the psychologist's functioning in the #4 School, as individual referrals and other psychological needs are ongoing throughout the school year.

Generally where there is concern arising from gross screening procedures, it has been rated at "single risk", and "double risk levels." These designations refer to overall concern at time of psychologist-teacher conferencing (Phase II) as to likelihood of a child's difficulty in handling the usual 1st grade situation. While some suggestions for modification can be made within the school setting at this stage, it is recognized that most single and double risk situations should have individual psychodiagnostic follow-up for best handling. In practice, there are about 95 to 100 such situations each year. Only the most urgent can be seen, therefore with even some of these having to wait until the following school year or so. Because of this, it has been of much interest to this psychologist to have some follow-up of these indications at later grade levels. No systematized programming has been set up; however the single and double risk possibilities for the other elementary schools have been shared with the psychologists in these schools so that on subsequent psychological referral they can have the gross screening information as a start. Non-systematized observations suggest no false positives and much consistency in identification of children who should have individual attention. Research and study follow-up and evaluation should be completed for clarification of these suggestions. Sharing of gross screening information alone (i.e. where there is no individual follow-up) was never for the purposes of definitive school planning at higher school levels -- even though it has been reported on retrospect that it can be useful in general ways, such as grouping of 1st graders. A general rating was made last year by 1st grade teachers of children who had been identified as needing more attention in Kindergarten. The teachers were not informed as to the reason for the rating. The testings suggested continuation of some need for special consideration; however a full scale study where all 1st graders were rated and compared was not done. Of more interest was a matching of 1st grade psychological referrals with gross screening indications of previous Kindergarteners -- 80% of these referrals had been so recognized through gross screening procedures. It can only be postulated how many of these later problems could have been minimized or helped. Some children with specific handicaps may need special consideration throughout their school experiences. It is felt, however, that in all instances a better view of an individual child's problems can be obtained at the Kindergarten level with specialized planning started at this time.

The present procedures meet some of long standing needs for early identification. They cannot reach full fruition in terms of individual study and planning without additional psychological time for psychodiagnostic study, conferencing, follow-up and reevaluation.

J.N.A.

PRESCHOOL SCREENING
LAKEVIEW PUBLIC SCHOOLS
ST. CLAIR SHORES, MICHIGAN 48081

"The one essential universal need, as we see it, is that every kindergarten applicant should be screened prior to placement." -- Louise Bates Ames, Gesell Institute, Yale University.

The screening of all children before they enter kindergarten to identify any deviancy that might cause a future learning problem is a part of the preschool program conducted by the elementary counselors. It evolved from an E.S.E.A. Title III project named Project Genesis which was conducted at the Princeton School from 1967 to 1970. In the spring of 1970 the Lakeview School Board authorized implementation of the screening to all elementary schools, and it was incorporated into the preschool program. This spring was the 3rd district-wide screening and 6th year for Princeton School.

Screening are held in the spring so that students needing programming during the summer can be identified and helped before actual entrance into kindergarten. The areas covered by the screening are:

Motor Skills
Visual Acuity
Visual Skills
Hearing
Speech and Language Development
Developmental Skills

The cost of screening is minimal as all personnel are school employees or county public health technicians and the screening is located in the elementary buildings. The costs are usually expendable supplies such as paper, envelopes, paper clips, etc.. Initially to establish a screening procedure in a new school the costs would be for more permanent materials as listed under each area.

SCREENING PROCEDURES

A letter is sent [illegible] parents of each entering kindergartener with an appointed day and time to attend the screening. Six children are scheduled at first then two more every 15 minutes. The total procedure seldom takes longer than 45 minutes per child. Each child wears a name tag with the six stations listed. After completing a station the child has a star glued to his name tag for that station. Mother volunteers or sixth grade students circulate the children, carrying the forms for each child and checking the forms and name tags to be sure each child attends each station. A table with puzzles and games is set up in the hall for children who have to wait a few minutes between stations. The only station requiring more than 5 to 10 minutes is Developmental Skills which usually requires about 15 minutes. Therefore two or three elementary counselors and reading consultants work during the screening to keep the flow even. Clinics, store rooms, offices and different parts of the gym are used for stations.

These pages were
[redacted] MISSING FROM THE DOCUMENT THAT WAS SUBMITTED TO ERIC DOCUMENT REPRODUCTION SERVICE.

116- 127

PUBLIC SCHOOL FOUR
Wanser Avenue
Inwood, L.I., N. Y. 11696

Dear Parent:

Welcome to School District 15 Kindergarten Registration for September 1973.

Kindergarten registration for the public schools of District 15 will be held during the period of March 19 to March 29, exclusive of Wednesday, March 21, Teacher Conference Day. Applications for Pre-Kindergarten should also be made at this time in Room 4.

Children are to be brought for registration to the Gymnasium of the Number Four School, Wanser Avenue, Inwood, in accordance with the following alphabetical schedule from 9:15 - 11:15 A.M. or 1:15 - 3:15 P.M.

Dates			Residents of School District Fifteen Whose Last Name Begins With
Monday	March	19	A-B-C
Tuesday	"	20	D-E-F
Thursday	"	22	G-H-I
Friday	"	23	J-K-L
Monday	"	26	M-N-O
Tuesday	"	27	P-Q-R
Wednesday	"	28	S-T
Thursday	"	29	U-V-W-X-Y-Z

A birth certificate and proof of polio, measles, diptheria and german measles immunization must be presented at the time of registration. In addition, it will be helpful if parents bring the child's complete health records. People in guardian status will be required to present adoption papers or other evidence of the child's legal residence with them. In addition, proof of residence in District 15 is required (such as lease, voter registration card, driver's license, rent receipts or contract, etc.).

Children who will be five years old on or before December 2, 1973 are eligible for admission to kindergarten.

Pre-Kindergarten children presently enrolled at Number Four School must be re-registered. Parent or guardian need only bring proof of birth.

If you have questions concerning any of the above please telephone 295-2700, Extension 268, or 269

PUBLIC SCHOOL FOUR
Wanser Avenue
Inwood, L.I., N.Y. 11696

Dear Parents:

We welcome you and your child to a forthcoming, exciting Kindergarten year. We would like to know as much about your child as possible so as to best meet his or her needs and interests. We thought that you could help us to know your child and therefore are requesting you to complete this form. We are looking forward to our next year together.

CHILD'S NAME: ______________________________

1. Birth

	Yes	No
Pregnancy Healthy		
Premature		
Trouble Breathing at Birth		
Any other complications		

Comments:

2. Growth

	Fast	Average	Slow		Yes	No
Walking				Does child bed wet		
Talking				Any special needs		
Toilet Training				in washing, dressing,		
				toileting, eating		

Comments:

3. Health

	Date		Please check
Chicken Pox		Heart Disease	
Diabetes		Anemia	
Epilepsy		Sickle Cell Anemia	
German Measles		Lead Poisoning	
Measles		Convulsions	
Mumps		Asthma or Allergies	
Nephritis		Ear Conditions	
Pneumonia		Frequent Colds or Sore Throats	
Rheumatic Fever		Operations	
Scarlet Fever		Serious Injuries	
Tuberculosis		Special Medication	
Contact with TBC		Concerns With: Vision	
Whooping Cough		Hearing	
		Speech	
		Nutrition	

Comment on any checked area:

4. Interests
Does your child have any special interests and/or talents?

____
Parent or Guardian's Signature

PUBLIC SCHOOL FOUR
Wanser Avenue
Inwood, L.I., N.Y. 11696

Dear Parent or Guardian: Public Health Law requires that children entering school must present one or more certificates indicating that they have been immunized against measles, poliomyelitis, diptheria, and german measles. If child has had measles, he will not require measles vaccine. If for some medical reason child may not be immunized a written note signed by physician is required. Please complete form below and return to school nurse on Registration Day.

NAME

DATE AND PLACE OF BIRTH

PARENT OR GUARDIAN ADDRESS PHONE

IF PARENT NOT AVAILABLE NAME PHONE

IN EMERGENCY CALL: NAME PHONE

FAMILY PHYSICIAN PHONE

NOTE: This form will be accepted as proof of immunization only if dates have been entered and signed by family physician.

IMMUNIZATIONS AND TESTS

Legal requirements for immunization waived because of:
A. Parent's religion
B. Physician's certificate

	DATE	DATE	DATE		DATE	DATE	DATE
SMALLPOX				DTP			
POLIO				MUMPS			
MEASLES				TUBERCULIN TEST			
GERMAN MEASLES				CHEST X-RAY			
TETANUS				PRESCHOOL VISION EXAM			

PARENT'S SIGNATURE

PHYSICIAN'S SIGNATURE

SUPPLEMENT - March 8, 1973 - KINDERGARTEN REGISTRATION PROCEDURES

I. Prospective registrants informed by mail of dates and procedures for registration -- includes 2 forms for family to fill out re health and developmental history, and immunization series confirmation by their physician.

II. Registration Process

A. Parents enter by front door and will be escorted downstairs by Junior High School students.

B. Secretary will be at a desk near the stairs and will type the official registration form.

1. She will check for the following:
   - (a) Proof of Age.
   - (b) Proof of Residency.
   - (c) Presence of parent and child.
   - (d) Care and Custody papers.
2. If any of the above are missing, Mrs. Cohen will fill out an "Incomplete Form" in duplicate. She will give original to parent as a reminder and keep the carbon as a school copy.
3. Where Care & Custody papers are needed, Mrs. Cohen will give renewal forms to registering adult -- papers due by starting school date in September.

C. If parent is registering child for Kindergarten who is currently in our PreKindergarten classes, they need only to fill out the official registration form with the secretary. PreKindergarten will send out the green health form to be filled out and returned to them. This parent will not move on to the other regular interviewers but may see Mrs. Fern and Mrs. Maisel if she has difficulty filling out this form, or has other questions.

D. Parent and child then proceed to the interviewers in the Home Economics Room. If they have to wait, the children may play in the gym.

E. Interview - Three interviewers for each session - scheduled as follows:

Mon.	3/19	Hazel, Steve, Jacqui
Tues.	3/20	Sue, Lila, Flossie
Thurs.	3/22	Hazel, Mario, Ann (Lila will replace Ann in A.M. because of parent conference)
Fri.	3/23	Sue, Steve, Jacqui
Mon.	3/26	Hazel, Steve, Jacqui
Tues.	3/27	Sue, Lila, Flossie
Wed.	3/28	Hazel, Mary Lou, Sue (?)
Thurs.	3/29	Sue, Mario, [illegible]

1. Prime Considerations by interviewer
   - (a) Incomplete form filled out (original to family and copy kept by school) if any of following are missing:
     - (1) Signature of physician - advise parent to get personally and not by mail.
     - (2) Proof of immunizations for:

       Measles
       German Measles
       Polio DPT
       (Smallpox no longer required -- but record dates if child was vaccinated)

(b) Waiving Immunization requirement
  (1) Medical waiver must have physician's signature (e.g. re allergies).
  (2) Religious waiver must be in writing and signed by parent and religious group.
(c) Emergency Phone number.
(d) Where medical information is on a clinic card: Print on white health form.
  (1) Dates of immunizations.
  (2) Physician's name or name of health center.
(e) Items to be pursued:
  (1) Pregnancy - if marked not healthy, check, e.g.
    a. excessive nausea
    b. dehydration
    c. hospitalization
  (2) Premature - check
    a. Length of pregnancy
    b. Birth weight
    c. Length of incubation period
  (3) Breathing or other complications - check
    a. Use of incubator
    b. Length of anoxia
    c. Rh exchange
    d. Transfusions
    e. Intolerance to formula, medications, etc.
  (4) Growth section -
    a. Check if marked either fast or slow
    b. Inquire re bedwetting
    c. Special needs - check toileting abilities, dressing self, etc.
  (5) Health Section -
    a. Question if comments but no dates
    b. If right column blank, go over it item by item with parent.

2. General observation of child during interview. Add relevant comments to green sheet after interview is over — e.g.
  (a) clumsiness
  (b) awkward gait
  (c) drooling
  (d) cross-eyedness
  (e) mutilated speech
  (f) foreign language
  (g) Immaturity-self, crying, clinging, too active, unable to sit
  (h) IImmaturity-peer, stikes out at other children, teases, ignores
  (i) Immaturity-adult, pesters, ignores, misbehaves

3. Supplies for Registration
  (a) Rope - to rope off areas re registration
  (b) Desk - typewriter and chairs for secretary
  (c) Three tables and three sets chairs for three interviewers in Home Economics Room
  (d) Reasonable play equipment in gym used for waiting room
  (e) Table, etc., for PTA workers
  (f) Materials for Interviewers:
    (1) Red ballpoint pens
    (2) Incomplete forms
    (3) Carbon paper
    (4) Extra forms (Eng. Ital. & Span)
    (5) Clips or stapler

4. Staff for Registration
   (a) Secretary
   (b) Interviewers -- 3 interviewers at each of 8 days of registration (24 slots)
   (c) Jr. H. S. students - as guides to registration area and for aidein gym
   (d) PTA representatives
   (e) Teacher Aide to take groups on tour of building.

jna:cp

May 4, 1973

MEMO RE: #4 KINDERGARTEN REGISTRATION PROCEDURES

I. Prospective registrants informed by mail of dates and procedures for registration -- includes 2 forms for family to fill out re health and developmental history, and immunization series confirmation by their physician.

II. Registration Process

A. Parents enter by front door and will be escorted downstairs by Junior High School students.

B. Secretary will be at a desk near the stairs and will type the official registration form.

1. She will check for the following:
   (a) Proof of Age.
   (b) Proof of Residency.
   (c) Presence of parent and child.
   (d) Care and Custody papers.
2. If any of the above are missing, Mrs. Cohen will fill out an "Incomplete Form" in duplicate. She will give original to parent as a reminder and keep the carbon as a school copy.
3. Where Care & Custody papers are needed, Mrs. Cohen will give renewal forms to registering adult -- papers due by starting school date in September.

C. If parent is registering child for Kindergarten who is currently in our PreKindergarten classes, they need only to fill out the official registration form with the secretary. PreKindergarten will send out the green health form to be filled out and returned to them. This parent will not move on to the other regular interviewers but may see Mrs. Fern and Mrs. Maisel if she has difficulty filling out this form, or has other questions.

D. Parent and child then proceed to the interviewers in the Home Economics Room. If they have to wait, the children may play in the gym.

E. Interview - Three interviewers for each session.
Sample Schedule:

Mon.	3/19	Hazel, Steve, Jacqui	
Tues.	3/20	Sue, Lila, Flossie	
Thurs.	3/22	Hazel, Mario, Ann	(Lila will replace Ann in AM because of parent conference)
Fri.	3/23	Sue, Steve, Jacqui	
Mon.	3/26	Hazel, Steve, Jacqui	
Tues.	3/27	Sue, Lila, Flossie	
Wed.	3/28	Hazel, Mary Lou, Sue	(?)
Thurs.	3/29	Sue, Mario, Ann	

1. Prime considerations by interviewer — all forms must be initialed by interviewer.
   - (a) Incomplete form filled out (original to family and copy kept by school) if any of following are missing:
     - (1) Signature of physician - advise parent to get personally and not by mail.
     - (2) Proof of immunizations for:
       - Measles
       - German Measles
       - Polio DPT
       - (Smallpox no longer required — but record dates if child was vaccinated)
   - (b) Waiving Immunization requirement
     - (1) Medical waiver must have physician's signature (e.g., re allergies).
     - (2) Religious waiver must be in writing and signed by parent and religious group.
   - (c) Emergency phone number.
   - (d) Where medical information is on a clinic card: Print on white health form.
     - (1) Dates of immunizations.
     - (2) Physician's name or name of health center.
   - (e) Items to be pursued — the interviewer generally runs over the entire form to make sure that it's filled out properly. Checks or comments in following areas need careful follow-up by the interviewer.
     - (1) Pregnancy - if marked not healthy, check, e.g.,
       - a. excessive nausea
       - b. dehydration
       - c. hospitalization
     - (2) Premature - check
       - a. length of pregnancy
       - b. birth weight
       - c. length of incubation period
     - (3) Breathing or other complications - check
       - a. use of incubator
       - b. length of anoxia
       - c. RH exchange
       - d. transfusions
       - e. Intolerance to formula, medications, etc.
     - (4) Growth section -
       - a. check if marked either fast or slow
       - b. inquire re bedwetting
       - c. special needs - check toileting abilities, dressing self, etc.
       - d. How feeds self? What utensils used? Finicky?
     - (5) Health Section -
       - a. Question if comments but no dates
       - b. If right column blank, go over it item by item with parent.
     - (6) Interests -
       - a. What play activities does he prefer? Drawing, cutting, etc.?
       - b. What playground activities does he like?

(7) Not a section on the Green sheet but asked by interviewer -
a. "Has anything happened in the past that's been upsetting to the child?
b. "Is there anything that I've missed that would be important to know in planning for your child? (e.g., hospitalizations, deaths, separations, moves, etc.).

2. General observation of child during interview. Add relevant comments to green sheet after interview is over - e.g.:
(a) clumsiness
(b) awkward gait
(c) drooling
(d) cross-eyedness
(e) mutilated speech
(f) foreign language
(g) immaturity-self, crying, clinging, too active, unable to sit
(h) immaturity-peer, strikes out at other children, teases, ignores
(i) immaturity-adult, pesters, ignores, misbehaves

3. Supplies for Registration
(a) Rope - to rope off areas re registration
(b) Desk - typewriter and chairs for secretary
(c) Three tables and three sets chairs for three interviewers in Home Economics Room
(d) Reasonable play equipment in gym used for waiting room
(e) Table, etc., for PTA workers
(f) Materials for Interviewers:
  (1) Red ballpoint pens
  (2) Incomplete forms
  (3) Carbon paper
  (4) Extra forms (English, Italian & Spanish)
  (5) Clips or stapler

4. Staff for Registration
(a) Secretary
(b) Interviewers - 3 interviewers at each of 8 days of registration (24 slots)
  (1) Two interviewers handle interviewing re green and white sheets.
  (2) The third interviewer to aid secretary with 1st stage of registration or to aid other two interviewers, wherever need is greatest.
(c) Teacher Aides or Parent Volunteers to supervise play area and to provide guided tours.
(d) PTA representative re membership, program, etc.

PUBLIC SCHOOL FOUR
Wanser Avenue
Inwood, L.I., N.Y. 11696

CHILD'S NAME:______________________________Birth date:________________

1. Birth

	Yes	No
Pregnancy Healthy		
Premature		
Trouble Breathing at Birth		
Any other complications		

Comments:

2. Growth

Handedness - Right________Left_________

	Fast	Average	Slow
Walking			
Talking			
Toilet Training			

	Yes	No
Does child bed wet		
Any special needs in washing, dressing, toileting, eating		

Comments:

3. Health

	Date		Please check
Chicken Pox		Heart Disease	
Diabetes		Anemia	
Epilepsy		Sickle Cell Anemia	
German Measles		Lead Poisoning	
Measles		Convulsions	
Mumps		Asthma or Allergies	
Nephritis		Ear Conditions	
Pneumonia		Frequent Colds or Sore Throats	
Rheumatic Fever		Operations	
Scarlet Fever		Serious Injuries	
Tuberculosis		Special Medication	
Contact with TBC		Concerns with: Vision	
Whooping Cough		Hearing	
		Speech	
		Nutrition	

Comment on any checked area:

4. Previous Educational Experience

____

5. Interests

Does your child have any special interests and/or talents?

____
Parent or Guardian's Signature

____
Date

____
Interviewer

APPENDIX E

LEARNING DISABILITIES

Session 1

Present: D. Mernit, E. Math, S. Webb, C. Bregman,
J. Allen, S. Fishman

Leader: Miss Michelle Hertzen

Definition of learning disabilities

1. normal I.Q. children - 85 and up - mostly 100; 85 is C student
2. not attentive
3. poor fine muscle coordination--cutting, coloring within the lines; grasping
4. scattered

Task Analysis - abilities involved

I. Cutting
   A. handedness - have child perform task with both hands - then ask him to decide which hand does the better job - and insist they use the better hand - might not be able to label handedness but child is developing dominance
   B. do work to improve body image - awareness of parts and where they are
   C. gross motor skills must be developed first - using arms before hands -
   an obstacle course - crawling, jumping, climbing
   D. check health history - finding out if there is physical casualty.
   E. directionality awareness - crossing the midline - touching right shoulder with left hand

(concentrate on one problem at time to develop proficiency and then move onto other deficiencies)

II. Grasping
   A. sorting - blocks - paper clips, pins, thumb tacks - pegs after accomplishing task, make child aware of other tasks involved - spatiality - how many across - how many down
   B. working with locks and keys - matching and fitting - eye-hand coordination
   C. Focusing eyes - block design - copying a pattern puzzles, parquetry blocks, pegboard, focus on point (x) on blackboard and do a physical task -

Focusing (continued)
follow finger, flashlight
tic tac toe flashlight - flash light - then have child put x there
cuisenaire rods
Candy land, lotto, "Even Steven"
sorting beans, macaroni
stacking games
matching shapes, colors
Michigan Tracking system - focusing across a line and circle houses
developing attention

D. Analyze task to see which operation child is having problem with - is it attention, focusing, grasping, spatiality, directionality, muscle coordination, eye-hand

Language

A. understanding the auditory symbols as they are coming in -- listening, auditory attention - listening games - musical chairs, echo clapping, singing
B. auditory figure ground - ability to block out extraneous sounds and focus in on voice
C. vocabulary - defining terms and concept information receptive - expressive - has to make the association

LEARNING DISABILITIES MEETING

Session 2

LEADER: Miss Michelle Hertzen

PRESENT: J. Kessler, G, Love, C. Rogers, G, Pickoff

A. What are Learning Disabilities?

1. Problems associated with reading, writing, listening - not problems involved with visual impairment, sensory impediment, emotional problems or retardation.

2. Disorders manifested in reading, writing, listening - cannot answer questions, cannot sit, writing not improving, cannot remember, cannot sound out a word.

B. A Learning Disability child is one who exhibits average intelligence, is intact physically sensorially, emotionally intact but out of focus, scattered behavior, not learning, does not remember.

Test child's hearing, intelligence, visually before you label him a learning disability.

C. What procedure do we take?

1. Must focus his attention first. L.D. child cannot focus - can use:
   1. puzzles
   2. blocks
   3. lacing
   4. geo boards
   5. peg boards

2. Test his discrimination
   a. copying designs
   b. big and little discrimination
   c. find all houses in pictures
   d. find certain letters
   e. classification
   f. fit keys to correct locks

3. Gross motor tasks must be developed first.

4. Drill them in copying one picture at a time, one letter in at a time - memory must be reinforced.

LEARNING DISABILITIES MEETING

Session 5

LEADER: Miss Michelle Hertzen

PRESENT: V. Mickle, S. Rosler, M. McKay

I. What are some Learning Disabilities that teachers recognize in classrooms?

1. Visual perception difficulty
2. Language problems
   a. child does not know common names for things
3. Auditory discrimination and auditory retention (inability to remember)
4. Inability to develop abstract concepts
5. Spatial relationships

II. Kindergarten teachers involve children in all sorts of readiness activities. But child enters 1st grade and still encounters learning difficulties. Why? (He has been tested for vision impairment and for hearing defects).

1. Too much stimuli in class causing too many distractions. Child is unable to focus on one thing - Try to eliminate as much stimuli as possible in the classroom. Child will eventually overcome difficulty or learn to compensate for it. Child will need to learn how to focus his attention on one thing. Will need to learn how to attend.
2. Example: Give child a task, he cannot accomplish task - Why? "take out book" -
   a. child needs to hear direction
   b. needs to attend auditorially.

   Help to develop these skills by:

ACTIVITIES:

   a. listen to record - pick out color - make that color on paper (this helps child to attend better). Increase difficulty of following directions each time.
   b. tell story - include child's name - everytime he hears name he must clap.

Tell child he has difficulty listening - and make an arrangement with him - listening for 2 minutes and increase the time each day.

Test child's attention - it's fine, listening is fine - What else can be the problem?

No concept of "take out" - will also not know "put in", "left & right", "on & off", etc.

Child is not able to abstract - work with him in a concrete way.

Activities to develop abstract concepts:
Use child in movement to teach concept of "out" - jump inside circle, jump "out" of circle; go "out" of room, come into the room, etc.
Child must understand concept of "take out" - this is a prerequisite to the next step.

Other problems:

Memory retention - child unable to remember directions because something interfered with his train of thought. Help him by starting with only one direction and increase it each time.

Motor response - child must be able to receive information, process the information and accomplish the task.

Factors to consider:
Can he physically open desk? - does he have difficulty grasping? - Help develop fine motor control.
Can he visually discriminate which is the correct book?
Can he focus and sort out from a variety of things? (Visual figure ground)
In order for child to accomplish task, he must remember what to do and be able to use motor skills to do it.

Order of thinking for teachers:

1. Recognize the problems
2. Ask yourself "what can I do?"
3. Work with only one underlying problem and progress from there.
4. Begin by helping child to attend.

LEARNING DISABILITIES MEETING

SESSION 4

LEADER: Miss Nicholle Hertzen

PRESENT: E. Rivens, P. Caine, R. Marks

Criteria for program
Focus of program
- a) Readiness for kindergarten
- b) special education
  - 1) tasks - breaking it down
  - 2) materials

Indication of a child who is going to "fall apart." Things you look for in a child.
- a) skills
  - 1) short attention span - going from one task to another without attempting to work with it let alone complete it. Inability to focus on a class conversation. Ability to cover up this kind of thing.
  - 2) No recall of experiences
  - 3) Inconsistent behavior
  - 4) Motor skills
  - 5) Faulty speech mechanism or some problem in mouth formation
  - 6) Perceptual or difficulty seeing or hearing
  - 7) Severe emotional problems
  - 8) Retarded child - set goals accordingly
  - 9) Brain function or malfunction
  - 10) Neurological exam or medication

Focus his attention - why do you want to use it (material) with the child.
- a) puzzle (use it for size relationship & space relationship)
- b) how many steps to walk
- c) peg board - fine motor coordination, sorting
- d) pick up sticks
- e) give him an opportunity to explore and discover and then 'zero' in to his needs and for 10 minutes a day or a set time, work on his individual needs
- f) stories (reading to him) - progression of lengths
- g) sorting according to color

Difficult to see movement if you set too many goals for him - stick to one thing for a while until he can do it.

Remembering the order of things
- Help to prevent
- Find a strength to work on a weakness.

[illegible]

[illegible]

[illegible]

[illegible] D. Miller, [illegible], H. Piccianno

[illegible] (learning [illegible])

1. Inability to fulfill a task - what does the child need to do in order to fulfill the task - i.e. pasting.

   a. cannot control their body
   b. inability to focus his attention
   c. [illegible]
   d. inability to listen
   e. inability to receive information

[illegible] to verbal language

1. Read a short paragraph insert the child's name and ask for physical response i.e. clapping when he hears his name.

2. Task analyzing and be very specific for each individual child so as to focus our own attention on the problem for the activity.

[illegible] prepare them for their future school years i.e. paying attention

1. Banner board - duplicating patterns, etc.

2. Sorting tasks

3. Organizational tasks

Must insure success

Must be conscious of and constantly rethink our aims for each child.

[illegible]

[illegible] C

[illegible] Systems

[illegible]

[illegible] children are [illegible]?

1. Children who can't [illegible] still for any length of time.
2. [illegible] child [illegible].
3. Child who can't relate to other children.
4. [illegible] child can't [illegible] with materials.
5. Children [illegible] well but can't verbalize, label, [illegible] language [illegible] - can't do [illegible] work - child like this is hard to pick up because he has a poor understanding of language.

[illegible] child in one of our classes who has a behavior problem - the child needs glasses to correct his vision - is his vision a cause in his discipline problem.....probably not if his vision is corrected.

[illegible] learning disabilities? Many children have [illegible] in [illegible] District, but there are children with [illegible] who display similar characteristics as learning disabilities. Our goal for [illegible] child is to get him to [illegible] reading level and on to vocational school. Learning disabled child should have normal I.Q. With most learning disabled children there is unequal development. Low I.Q. children have slow development in all areas.

Children with learning disabilities develop unevenly. On tests they have erratic scores. I.e. high verbal, poor gross motor skills, can't hop; or great gross motor skills and very low verbal level. Poor language problem can be due to lack of stimulation of language, something that cuts across all economic groups.

Learning disabled children must be worked with in the area of weakness - work developmentally - if child is unable to organize [illegible], we may have to take him back to a pegboard, or putting child through an obstacle course. We take the child to the [illegible] developmentally as [illegible] have to, before we can bring him up to level.

Some children are "bad" in school due to learning disabilities. If they are unable to do [illegible] task, a child may choose to misbehave, rather than attempt task - it is more acceptable to be "bad" than "stupid".

It doesn't matter if you classify children as "emotionally disturbed", or "neurologically impaired", or "learning disabled", what we are talking about is behavior of children. We have to try to treat children for the specific symptom, not a syndrome.

An activity - taking it apart - Tracing Patterns - what do children have to do to trace.

1. Visualize piece of paper (figure-ground perception). If child cannot [illegible] piece of paper because he's distracted by other materials around him - assaulted by things around him - can't focus in on paper - do activities that would get child to focus attention - use [illegible], [illegible], focus attention to flashlight, [illegible] with [illegible] flash light. Shoot beam on object and have child name object [illegible] beam is on. Focus auditory attention by reading paragraph - substitute child's name in story and have him [illegible] every time he hears name. In picture - find your name in reading, etc.

2. Find point in area that you would like to get pattern on. To find a [illegible] [illegible] in [illegible] to the children learn term "middle" [illegible] child practice [illegible] things, in middle - placing [illegible] [illegible] - do anything you can [illegible]. [illegible] not [illegible] child [illegible] a finished product if he is not ready to go process. If child has a weakness in area, there is nothing wrong with teacher saying, "I'll [illegible] you [illegible] finding [illegible], etc. Then children [illegible] from one [illegible] to another as he improves.

3. If you see a child can do first two tasks in tracing but he falls apart in moving pencil around shape, have him trace around [illegible] or three dimensional object. Fasten object down for him or give him other thick object to trace. Trace block designs or geometry. If he fails [illegible], take him back to moving outside and inside of shapes.

Approaching parents - do not use term "learning disabilities" - give parents samples of children's work that are evidence - take child to a lower level grade and show parents the child's inability to learn their concept. Reason why children with problems float along for so long is that it takes five years for parents to stop rationalizing and face facts.

Never too late to stop failure - but sometimes because parents are adamant, you have to back off as far as special help.

In that case, you, the classroom teacher must do as much as she can be herself.

Speak to parents in terms of what the child can and cannot do. If there are some things the child must be able to do for next year, and he can only do [illegible] part of the time.

Think about child's behavior, and think in terms of where the child is falling apart — work with him at that weak point.

APPENDIX F

Tapes - ACLD Conference, March 14-17, 1973 - Detroit, Mich.

1. Keynote Speakers:
    - Dr. Fritz Redl
    - Julio B. DeTuiros
    - Alice Thompson
2. The Eye and Visual Learning Disabilities Seminar
    - Daniel Barr, Ophthalmologist
    - Philip Rencik, Neuropsychologist
    - Barbara Keogh, Assoc. Professor - Special Education, University of California
    - Jack Hartstein, Ophthalmologist
3. Psychologists' Roles with the Learning Disability Child
    - Norman Buktenica
    - Barbara Bateman
    - Keith E. Berry
    - Richard A. Garden
    - Roger Reger
4. Perceptual-Motor Seminar
    - Julian Stein - Consultant - Programs for the Handicapped
    - Dr. Shaw - Optometrist
    - Frances Eldis - Speech & Hearing
    - Vern Seefeldt - Physical Education
    - James Glasgow - Physical Education
    - George Early - Professor - Indiana State University
5. Project Child - Frank Jackson
6. Perceptual Analysis Kindergarten Test - Robert Ponder
7. Learning Disability Centers - Dr. Julio B. deQuiros
8. Dealing with Individual Differences in the Soviet Union - Helen Redl
9. Project FAST (Functional Analysis Systems Training)
10. Techniques, Materials and Strategies in Programming for Learning Disabled Children in the Regular Classroom
11. Short-term Recognition Memory in Normal and Disabled Readers
12. Effect of Group Training in Short-term Memory on Children
13. Innovative Programs for Preschool Learning Disabled Children

RESOURCE MATERIAL FOR LEARNING DISABILITIES

BATEMAN, Barbara - Three Approaches to Diagnosis and Educational Planning for Children with Learning Disabilities

BUKTENICA, Norman A. - An Early Screening and Task Learner Characteristic Model of Prevention

BUKTENICA, Norman A. - Group Screening of Auditory and Visual Perceptual Abilities: An Approach to Perceptual Aspects of Beginning Reading

BUKTENICA, Norman A. - Perceptual Screening: Toward Identification, Prediction and Prevention of Reading Disabilities

COLEMAN, Howard M. - The West Warwick Visual Perception Study "Eyes Have They, But They See Not." - Psalms 115:5

CRUICKSHANK, William M. - Some Issues Facing the Field of Learning Disability

FERGUSON, Nelda - TAYLOR, Ruth - SCOTT, Mari - New Discoveries in Early Education

GETMAN, G. N. - Vision, Perception, and Learning Ability

GLASER, Kurt - An Overview of Causes of Learning Difficulties Predicting Reading Failure

HIRSCH, Katrina de - JANSKY, Jeanette Jefferson - LANGFORD, William S. Predicting Reading Failure

GUYTON, Gladys - Some Aspects of the Social Adjustment of the Elementary School Child with Learning Disabilities

HARWAY, Vivian T. - Psychological Assessment of the Learning Disabled Child: A Guide for Parents

HILL, Dr. Joseph E. - The Educational Sciences

JOHNSON, Doris J. & Myklebust Helmer R. - Learning Disabilities

OTHER AVAILABLE RESOURCES

Film List - 1973 - ACLD

Learning Disability Books - ACLD - 1973

BUCKET BRIGADE - Volunteer Program Kit

BIBLIOGRAPHY

Bateman, Barbara, Three Approaches to Diagnosis and Educational Planning for Children with Learning Disabilities, In D. Newcomb (Ed.) Proceedings 1967 International Convocation on Children and Young Adults with Learning Disabilities, Pittsburgh, 1967.

Braley, William T., Geraldine Konicki, and Catherine Leedy, Daily Sensorimotor Training Activities, Freeport, New York: Educational Activities, Inc., 1968.

Buktenica, Norman, An Early Screening and Task-Learner Characteristic Model of Prevention, Presented to the Seventy-Eighth Annual Convention of the American Psychological Association, September 1970, Miami Beach, Florida.

Cline, Betty Smith, and Bert Ishee, "Specific Learning Disabilities," Today's Education, January 1972, Vol. 61, No. 1.

Cratty, Bryant J., Movement, Perception and Thought, Palo Alto, California: Peek Publications, 1970.

Cruickshank, William J., "Some Issues Facing the Field of Learning Disabilities," Journal of Learning Disabilities, Vol. 5, No. 7, August/September, 1972.

Ferguson, Nelda, Ruth Taylor, and Mari Scott, New Discoveries in Early Education, Piedmont, Oklahoma: Piedmont Public Schools.

Frostig, Marianne, D.W. Lefever, and J.R.B. Whittlesey, The Marianne Frostig Developmental Tests of Visual Perception, Palo Alto: Consulting Psychologists Press, 1964.

Getman, G.N., Vision, Perception, and Learning Disability, Prepared for the ACLD Conference, Detroit, Michigan, March, 1973.

Glasgow, James, Perceptual Motor Activities and Games for Children With Learning Disabilities, Windsor, Ontario: Glengarda School, 1972.

Hainsworth, Marian L., Peter K. Hainsworth, and Judith S. Siegel, Information Processing Curriculum Support Materials, Rhode Island: Warwick Public School System, 1971.

Hainsworth, Marian L. Peter K. Hainsworth, and Judith S. Siegel, Project First Step: An Early Identification and Educational Intervention Program for the Young Learning Disabled Child, Rhode Island: Warwick Public School System, 1971.

Hainsworth, Peter and Marian L. Siqueland, Early Identification of Children With Learning Disabilities: The Meeting Street School Screening Test, Providence, Rhode Island: Crippled Children and Adults of Rhode Island, Inc., 1969.

Holman, Gerald, "Learning From Each Other: Pediatricians and Teachers," Childhood Education, February, 1972.

Improving Motor-Perceptual Skills, Portland: Oregon: Northwest Regional Educational Laboratory, 1971.

Karrenbauer, Beverly W., Perceptual Development: A Functional Program for Early Diagnosis and Prevention of Children with Learning Disabilities at the Kindergarten Level, Keystone Oaks School District, 1968.

Kephart, N.C., The Slow Learner in the Classroom, New York: Charles E. Merrill, 1960. Kindergarten Screening Program Evaluation, Niagara Falls, New York: Board of Education, 1971-72.

Kuchner, Glenn, Jean Cunningham, and Eileen Warrell, Introduction to Movement Education, Dubuque, Iowa: William Brown Co., 1970.

Lazarus, Phobe W., The Recognition of Readiness: Some Landmarks for Teachers, New York State Department of Education.

McCarthy, Jeanne McRae, Sonya Petersen, Barbara H. Sommer, and Joan E. Johnston, "Identifying and Helping Learning-Disabled Children in Kindergarten," Programming for Young Children."

Nell, Angie Martha, *Step by Step*, Beaumont, Texas: Angie Nall School for Educational Retraining.

Ozer, Mark N., and Burtt Richardson, Jr., "The Diagnostic Evaluation of Children With Learning Problems: A Communication Process,: *Childhood Education*, February, 1972.

Preschool Screening, St. Clair Shores, Michigan: Lakeview Public Schools, 1973.

Project Child: Children Having Individual Language Disabilities, Richardson, Texas.

Slingerland, Beth H., *Screening Tests for Identifying Children with Specific Language Disability*, Cambridge: Educators Publishing Service, Inc., 1962.

Van Witsen, Betty, *Perceptual Training Activities Handbook*, New York: Teacher's College Press, Columbia University, 1967.